**ADA Accommodation Request - Qualified Medical Professional**

A physician or other qualified professional who has made an individualized assessment related to the Applicant's disability must provide the required information concerning the disability and accommodation.

A qualified professional is licensed or an otherwise credentialed individual who possesses expertise in the disability for which an accommodation is sought.

Name of Medical Professional\* Position or Title\*

Professional Office\*

Professional Office Address\*

Email Address\* Office Telephone Number

Description of disability and the accommodation required:

Please provide the most recent date (within 2 years) of the professional diagnosis of the disability relating to this Accommodation Request:\*



If licensed, please provide your license number here and indicate the issuing state below:

State



If issued a professional credential(s), please provide the acronym and the full name of the credential. Be sure to provide the organization(s) who issued the credential(s)



Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_