



Human Resources

CERTIFYING PROFESSIONAL VERIFICATION OF DISABILITY

To the Certifying Professional:

(Employee Print Name) _____, has begun the process of requesting a job accommodation with HR ADA Coordinator at the University of North Carolina Wilmington. To determine eligibility, UNCW requires documentation of the employee's disability.

Under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations. Should documentation be provided that Human Resources finds to be inadequate to support the requested accommodations, Human Resources will let the employee know what additional documentation is necessary.

We ask that you complete this form in its entirety, providing complete answers for all questions. If you are unable to provide a response for a question, please indicate the reason. Provide responses by typing or writing clearly, as illegible forms will delay the documentation review process for the employee. If you feel additional information beyond this verification form is needed to provide a more complete understanding of the employee's request, you are welcome to submit additional documentation.

Upon completion, please return the form by fax to **910-962-2911** or by mail to:

**University of North Carolina Wilmington
Human Resources – Attn: HR ADA Coordinator
601 South College Road
Wilmington, NC 28403-5960**

The information you provide will not become part of the employee's personnel records. It will be kept in a separate file maintained outside of the employee's personnel file in the Human Resources Department, where it will be held strictly confidential. This form may be released to the employee at their request.

Please do not hesitate to contact our office with any questions or concerns. Your assistance with providing verification of the employee's disability is greatly appreciated.

Sincerely,

Elaine Doell
Asst. Vice Chancellor for HR & Interim ADA Coordinator
University of North Carolina Wilmington



Human Resources

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TREATING PROVIDER MUST COMPLETE THE FOLLOWING:

1. Employee Name: _____ D.O.B.: _____

2. What is your diagnosis for this employee? (Include DSM-V diagnostic codes, if applicable)

Primary: _____ Date of Diagnosis: _____

Secondary: _____ Date of Diagnosis: _____

Tertiary: _____ Date of Diagnosis: _____

Other: _____ Date of Diagnosis: _____

3. Is the employee currently under your care? Yes No

4. Date Last Seen: _____

5. Based on your subjective opinion, how well do you know the employee?

Very Well Moderately Well Not Well at All

6. How did you arrive at your diagnosis?

Please check all relevant items below. Add brief notes you believe may be helpful in determining which accommodations and services are appropriate for the employee.

- Structured/Unstructured Interviews with Employee Neuropsychological Testing (Date of Testing: _____)
- Interviews with Other Persons Psychoeducational Testing (Date of Testing: _____)
- Behavioral Observations Standardized/Non-Standardized Rating Scales (Date of Testing: _____)
- Developmental History Other, please specify: _____
- Educational History
- Medical History

7. Is the employee receiving treatment, therapy, or taking medication(s) for this condition(s)? Yes No
If yes, please list medication(s), dosage(s), and any current treatment(s) or therapy the employee is receiving:



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8. Does the employee's condition substantially limit one or more major life activities? Yes No

9. Expected duration of condition:

Permanent/Chronic

Short-Term (60-90 days)

Long-Term (3-12 months)

Temporary (60 days or less)

10. Please state the employee's functional limitations based on the symptoms/manifestations of the disability:

11. Please list any specific accommodations you recommend for this employee based upon the functional limitations:

12. Optional: You may use the space below, or additional pages as needed, to provide any other information you believe will be helpful to the HR ADA Coordinator in considering the accommodations you are recommending



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Certifying Professional*

I, the undersigned, certify that the information provided for the aforementioned employee is true and correct to the best of my knowledge and reflects my responses to the questions. I confirm that I am licensed or otherwise qualified to diagnose the conditions listed above, have adequately evaluated the employee, can produce record of such evaluation, and are not related to the employee by blood or marriage.

Treating Provider Signature (if in training, please include supervisor's signature)

Today's Date

Name (please print)

Title

License No.

State of Licensure

Name of Agency/Office

Phone Number (including area code)

Agency/Office Street Address

Fax Number (including area code)

City, State, Zip

Email

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive service.

*Qualified diagnosing professionals are licensed medical providers, psychologists, psychiatrists, neurologists, clinical social workers, and counselors. The diagnosing professional must have expertise in the differential diagnosis of the documented disorder(s) or condition(s) and follow established practices in the field.