

Certificate of Psychological Disability

Getting Started

United Theological Seminary offers services that provide equal access to the seminary's educational opportunities for students with disabilities.

Students requesting accommodations on the basis of mental health disability must provide current documentation from a licensed clinical professional who has relevant experience in differential diagnosis and the full range of mental disorders (i.e., licensed clinical psychologist, psychiatrist, or licensed clinical social worker). Please note that this office WILL NOT accept documentation provided by a member of the student's family.

TO BE COMPLETED BY THE APPLICANT. PLEASE PRINT OR TYPE

APPLICANT: _____

ADDRESS: _____

PHONE: _____

TO BE COMPLETED BY THE CERTIFYING PROFESSIONAL. PLEASE PRINT OR TYPE

CERTIFYING PROFESSIONAL: _____

TITLE: _____

LICENSE NUMBER: _____

OFFICE/AGENCY: _____

OFFICE/AGENCY ADDRESS: _____

OFFICE/AGENCY PHONE: () _____

PLEASE COMPLETE PAGES 2 and 3

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1. State and date the applicant's current diagnosis(es) as per the Diagnostic and Statistical Manual-IV (DSM-IV-TR).

2. Indicate the nature, frequency, and severity of the symptoms upon which the diagnosis was based. Primary and secondary Axis I and Axis II diagnoses are required. Please note that a diagnosis without explicit listing of current symptoms is not sufficient.

3. How long have you treated this applicant?

Are you providing ONLY psychological treatment? YES NO

If YES, include the date of the last appointment

Are you providing ONLY medical treatment? YES NO

If YES, include the date of the last appointment

Are you providing psychological and medical treatment? YES NO

If YES, include the date of the last appointment

If applicable, list the prescribed medications and dosages.

4. Indicate how the current behaviors, medication, and the presenting symptoms may negatively impact the applicant's academic functioning.

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5. Based on the rendered diagnosis, suggest how the specific effects of the disability may be reasonably accommodated and how the effects of this disability are mediated by the recommended accommodations.

6. If available, please attach a clinical summary or a psychological evaluation.

» **Please refer to, www.ets.org on Psychiatric Disability Documentation Criteria under Resources for Test Takers with Disabilities, for more information.*

Signature of Certifying Professional _____ Date _____

PLEASE RETURN THIS FORM WITH THE SUPPORTING DOCUMENTATION TO:

United Theological Seminary
Office of the Registrar
4501 Denlinger Road
Dayton, OH 45426

Or FAX to (858).712.3601

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