NORMAN MANLEY LAW SCHOOL

Disability Verification Form Instructions

This form ***should be completed by a medical or mental health care provider*** licensed to make the diagnosis listed on the form who has a detailed understanding of how the reasonable arrangement (RA) applicant may be affected by their diagnosis at the NMLS. The following are examples of healthcare professionals authorised to complete this form (e.g., General Practitioner, psychiatrist, clinical psychologist, optometrist, speech-language pathologist).

Please note that there may be situations in which NMLS staff will need to contact the professional completing this form for clarification.

The RA applicant should take note of the following:

a) All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers, and illegible handwriting will delay the review process by necessitating follow-up contact for clarification.
b) The healthcare professionals should include documents that provide related information (e.g., psychoeducational assessments, neuropsychological test results, audiogram, verification of arrangements provided by another university or third-party entity, etc.).
c) The above-mentioned documentation can be submitted in lieu of this form **if it is not outdated, comprehensively supports all the RAs requested and is verifiable**.
d) The completed form and all supporting records will be kept on the employee's or student's official file. Medical files will be held securely and confidentially and destroyed in keeping with the NMLS and Records retention schedule.

Please return the completed form in a sealed envelope marked confidential and direct to the attention of the Registrar (in the case of students/prospective students) or the Human Resource Manager (in the case of employees). Do not hesitate to contact the Registrar or Human Resource Manager if you have any questions regarding this form.

CONTACT INFORMATION

Mr Carlando Francis
Registrar
Norman Manley Law School
Email address: francisc@nmlscle.com
CUG Phone #: 876-438-2355

Mrs Sharon Smickle
Human Resources Manager
Norman Manley Law School
Email address: smickle@nmlscle.com
CUG Phone#: 876-573-1133

PLEASE PRINT LEGIBLY

NORMAN MANLEY LAW SCHOOL

	DEPARTMENT: Office of the Principal	DOCUMENT NO: OP/DVFo/00	Page **1** of **3**
	TITLE: Disability Verification Form-	REVISION NO.: 00	REVISION DATE: November 13, 2024

SECTION A: APPLICANT INFORMATION (*To be completed by the employee/student)*

Name: _____

NMLS ID #: _____ Telephone No: _____

Email: _____

SECTION B: DIAGNOSTIC INFORMATION *(To be completed by a licensed medical or mental health care practitioner only)*

Diagnosis (leading to disability):

_____

Date of Diagnosis: _____

Duration of Diagnosis: (check the applicable) Long Term □ Short Term □

Additional Comments:

_____

_____

_____

List any major life activities impacted by the applicant's disability and their severity. *Examples: reading, writing, seeing, hearing, concentrating, learning, walking, lifting and others.*

_____

_____

_____

_____

Describe any activities with associated barriers to the disability that may need to be addressed in the NMLS work and learning environment.

_____

_____

_____

_____

Please document reasonable arrangements that this applicant must access to function optimally in the NMLS setting as a student or employee (current medications and/or treatments with side effects that may impact functioning should be considered).

_____

_____

_____

_____

Healthcare Professional's Information

Healthcare Professional Name: _____

Healthcare Professional Signature: _____

Date: _____ Certification/License #: _____

Name of Facility: _____

Address of Facility: _____

City: _____

Phone Number: _____ Email address: _____

PLEASE STAMP ON ALL PAGES (Medical Professional License Stamp)

SECTION C

FOR OFFICIAL USE ONLY (Internal)

Date of submission: _____

Received by: _____

For the Attention of (please check the one that applies):

- Human Resources □
- Office of the Registrar □