

## CERTIFICATION OF PSYCHOLOGICAL DISABILITY

Disability Services at Edison Community College offers programs and related services that provide equal access to the college'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**

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

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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.

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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.

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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.

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

\* Please refer to, [www.ets.org](http://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 TO:**

Coordinator of Disability Services  
Edison Community College  
1973 Edison Drive  
Piqua, OH 45356  
Or Fax to (937) 778-4692