# Provider Request for an Emotional Support Animal

Gettysburg College

## I. Student

To be completed by the student.

Last name:      First name:      Middle initial:

Date of birth:      Phone number:

Address:

## II. Certifying Professional

To be completed by the Healthcare Professional.

Please note guidelines below for appropriate provider.

Name:

Area of specialty:

License or Certification number, and state:

Phone number:      Email:

Address:

## III. Documentation Guidelines

Assessment **must be completed** by a licensed psychologist, neurologist, neuropsychologist, psychiatrist, certified psychiatric nurse practitioner, licensed clinical social worker, or licensed professional counselor **qualified** to write letters of prescription for an emotional support animal. Because psychiatric and neurological disorders can change over time, documentation must be up to date. The evaluation should have been completed or updated **within the past year**. The initial evaluation in which the psychiatric or neurological disorder was diagnosed should be included. The current psychiatric or neurological update can be the completion of the **Documentation to Support the Request for an Emotional Support Animal Form** or a comprehensive report that outlines all the components of the form.

**Please note:** A one-page memo, a one-page letter, or a script that merely outlines the diagnosis(es) and recommendations for accommodations is not acceptable.

## IV. Diagnosis

### 1. Evaluation Date

What were the dates you met with this student?

### 2. Diagnosis Information

Please attach information to substantiate the diagnosis/diagnoses. Appropriate information could include, for example, thorough psychiatric or neurological evaluation. If standardized assessment was completed, please attach all scores/results and a brief discussion of each.

### 3. Diagnostic Code

Please list DSM-5 or ICD-10 diagnostic codes, dates diagnosed, and indicate which constitutes the disabling condition.

## V. Statement of Disability

### 1. Condition Limitations and Disability

In your opinion, does any condition listed above substantially limit a major life activity and thereby rise to the level of disability? (If yes, indicate which one(s) above with an asterisk)

Yes [ ]  No [ ]  Not sure [ ]

**\* A disability is defined under the Americans with Disabilities Act as “A physical or mental impairment that substantially limits one or more major life activities.”**

### 2. Disabling Condition Date

When was this student first determined to have a disabling condition?

## VI. Functional Limitations that may warrant accommodations

Please describe degree of limitation for the condition(s)—mild, moderate, severe—and provide an example of how this limits a major life activity.

## VII. Recommended Accommodations

Please indicate if this is **essential** or **preferred**. “Essential” indicates that the student cannot participate equally in the educational experience unless this accommodation is in place—nothing else will do. “Preferred” indicates that an accommodation is desirable but not essential for equal participation.

The student is requesting authorization for use of an animal in the student’s housing unit as a reasonable accommodation. If you believe that such use is **essential** to enable the student to live on campus, please explain the basis of your opinion, why you deem the animal essential and why any other accommodation would be insufficient to permit the student to live in campus housing absent the use of the animal.

## VIII. Supplemental Information

### Prognosis

The likelihood of the student’s ability to function effectively in a college environment:

With recommended treatment regime: Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]

Without recommended treatment regime: Poor [ ]  Fair [ ]  Good [ ]  Excellent [ ]

### Other Comments or Recommendations

## IV. Signature and Date

Provider signature:       Date:

V. Form Submission

Submit completed form to:

Office of Academic Advising
Gettysburg College
300 North Washington St
Campus Box 414
Gettysburg, PA 17325

Phone: (717) 337-6579
Fax: (717) 337-6245

rev. 10Sep19