

HEALTHCARE PROVIDER DOCUMENTATION REQUIREMENTS

In accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, Mars Hill University provides reasonable accommodations to students with documented disabilities that substantially limit one or more major life activities.

To support this request, students must submit disability documentation from a licensed provider, either by completing the **Healthcare Provider Verification Form** or by submitting a signed letter on official letterhead that **clearly addresses all of the following**:

Provider Information: Signature, printed name, title, credentials, and contact info	Functional Limitations: How the condition impacts academics/housing
Evaluation Date: The date of the most recent evaluation	Accommodation Recommendation: Specific accommodations requested
Treatment History: How long and how often the student has been seen for care	Justification: How accommodations will reduce disability-related barriers
Diagnosis: Clear diagnostic statement	Level of Need: Importance and anticipated impact if not provided
Methodology: Description of diagnostic methods used	

ELIGIBLE HEALTHCARE PROVIDERS

Documentation must come from a licensed clinical professional with direct, **current knowledge** of the student's condition and **ongoing involvement** in their care. One-time evaluations or brief consultations **are not** sufficient.

Acceptable providers may include:

Physicians (M.D. or D.O.)	Licensed Clinical Mental Health Counselors (LPC, LCMHC)
Licensed Clinical Psychologists	Psychiatrists or Psychiatric Nurse Practitioners
Licensed Clinical Social Workers (LCSW)	Other qualified licensed medical or mental health professionals

Note: Providers must not be related to the student.

ADDITIONAL DOCUMENTATION GUIDELINES

- Documentation must be current, comprehensive, and include the diagnosis, housing impact, and recommended accommodations. Recommendations are reviewed but not guaranteed, especially if unsupported or unfeasible.
- IEP/504 Plans may be submitted as supplemental information, but are not sufficient on their own.
- MHU does not cover the costs of evaluations.
- Prescription pad notes or student-written statements signed by providers are not accepted.
- Completed forms or letters on official letterhead can be directly submitted to the Director of Accessibility Services.

ASSISTANCE ANIMALS IN UNIVERSITY HOUSING

Service Animals (SA) are dogs trained to perform specific tasks for a person with a disability and are permitted in public campus areas. **Emotional Support Animals (ESAs)**, while not considered service animals, may be approved for university housing as a disability-related accommodation when properly documented.

Once documentation is reviewed and approved, the **Office of Accessibility Services** will notify the student of the decision. Approved students will then be referred to the **Office of Residence Life** to register the animal and confirm the approved date of entry.

Note: No animal may reside in university housing prior to receiving written approval from both the Office of Accessibility Services and the Office of Residence Life.



Office of Accessibility Services

HEALTHCARE PROVIDER VERIFICATION FOR ACCESSIBILITY ACCOMMODATION(S) REQUEST

CLINICAL INFORMATION

Student's Name: _____

Date of most recent evaluation: _____

1. Treatment History:

(How long you have provided care for the student and typical frequency of appointments)

2. Diagnosis/Condition:

(Provide a clear diagnostic statement relevant to the request for accommodation(s) and methods used to confirm diagnosis)

3. Functional limitations in an Academic Setting:

Describe how the student's condition substantially limits or affects their functioning in any of the following settings (check all that apply and complete applicable sections):

☐ Academic – Describe how the condition impacts the student's academic functioning:

☐ Housing – Describe how the condition limits the student's ability to access or participate in residential housing:

☐ Assistance Animal – If requesting an Emotional Support Animal (ESA), explain how the animal alleviates symptoms or supports functioning in university housing:

☐ I have discussed the responsibilities of caring for an animal in campus housing with the student and, in my clinical opinion, these responsibilities are not expected to negatively impact the student's symptoms or well-being.

4.Recommended Accommodation(s):

5.Justification for Recommended Accommodation(s):

6.Level of Need:

(Describe the importance of the accommodation(s) and the anticipated impact if not granted)

Provider Name (printed): _____

Title/Credentials/License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Provider Signature: _____ Date: _____

☐ I verify that I am currently treating this student and that I am not related to them.