D&S DIVERSIFIED TECHNOLOGIES LLP (D&S DT)

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-851-2355 - FAX 419-422-8328 - www.hdmaster.com

PROVIDING Medication Aide (MA) TESTING SOLUTIONS THROUGHOUT the United States

REQUEST FOR ADA ACCOMMODATION- Form 1404 TM

Form 1101 TM and Form 1402 TM must accompany this form.

Applicant: Complete this form ONLY if you have a documented disability.

In compliance with the Americans with Disabilities Act (ADA), the Medication Aide (MA) Testing Program provides reasonable accommodations for applicants with disabilities that may affect their ability to take the Medication Aide Competency Examination (MACE). It is your responsibility to notify the MA testing program of the needed alternative arrangements. If you have a diagnosed disability for which you wish to request an accommodation, please provide the following information and return this form as well as all other required documentation to D&S DT with your application. You may attach additional pages if necessary. Accommodations will *NOT* be provided at the examination site unless this form and all other documentation are received with your application. In order to grant testing accommodations, the MA testing staff must share information concerning your request with the test proctor who will observe your performance on the manual skill portion of the examination. The information requested below and any documentation regarding your disability is considered strictly confidential and will be shared only with the Test Observer, necessary test team members and Tennessee State Agencies. Please sign your name on this form to indicate your granted permission for D&S DT to share information about your disability with the Test Observer, necessary test team members, and Tennessee State Agencies.

Name:		Social Security #:				
Las		rst	•			
Address:						
	Street	City	State	Zip		
Phone:	Wo	ork Phone:	Date	of Birth:		
Requesting:Reader Marker _	Additional Time_	Large Print Other	please explain:			
Describe your disab	ility and how this sub	stantially limits one or mo	ore of your major life ac	tivities:		
Explain the nature a	nd extent of your disa	ability and how it impairs	your ability to take the	MA examination:		
Describe the accomm	nodation you are requ	uesting:				
Describe the accomm	nodation(s) granted to	o you during your Medica	tion Aide Training Prog	gram:		

D&SDT Form 1404 TM Updated: 11/4/2017 Printed: 2/19/2019

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REQUIRED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS:

You are required to submit documentation from the *Health Care Provider* or *Learning Specialist* who rendered a diagnosis. Verification must be submitted to D&S DT on the letterhead stationary of the *Health Care Provider* or *Learning Specialist* and MUST include the following:

- (1) Specific description of the disability and limitations related to testing.
- (2) Specific recommended accommodation.
- (3) Name, title and telephone number of the Health Care Provider or Learning Specialist.
- (4) Original signature of the Health Care Provider or Learning Specialist.

Applicant's Signature:

OR, if you were granted any accommodation(s) for during your Medication Aide Training Program, you must complete this form with your Primary Instructor verifying these accommodations. The Primary Instructor **must** sign this form verifying any provided training accommodations. Your signature below indicates that you understand this application and the documentation you included and give permission to D&S Diversified Technologies, their Test Observers, Knowledge Test Proctors, and Actors, and appropriate Tennessee State Agencies to be informed of accommodation(s) requested. The information requested and documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above. Your signature below indicates that you understand this and you give permission to D&S Diversified Technologies to share this information as described.

Date:

I certify that I was the above candidate herein during said candidate's Medication	•		ed the accommodation(s) det	ailed
Primary Instructor Signature:	Phone:		Date:	
NOTE: IN ORDER TO MAKE THE N ALL REQUESTS AND SUPPORTING APPLICATION. D&S DT MUST APP TEST DATE.	DOCUMENTATIO	N MUST BE SEN	NT TO D&S DT WITH YO	OUR
D&S DT will consider all requests on a correspond with you regarding specific arra and daytime telephone number and keep the of any approved or denied accommodation examination on the date for which you are seen as the control of t	angements. Therefore e D&S DT informed ons. You <u>MUST</u> no	it is <u>IMPORTANT</u> If these change. You	that you provide a current add will receive written confirmation	dress ation
SIGNATURE:		TITLE:	DATE:	
OFFICIAL USE ONLY: SITE #				
TEST EVALUATOR			DATION Granted: DATION Denied:	

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