

APPLICATION FOR EMOTIONAL SUPPORT ANIMALS***MEDICAL PROFESSIONAL FORM***

This documentation must be filled out by a licensed medical or mental health professional who has an established and ongoing relationship with the student. Form letters or letters purchased from the internet for a set price do not provide the information necessary to support an ESA request and applications with such letters will be denied.

This form is valid for one year from the signed date.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

Student's Full Name: _____

Animal Name: _____ Age of Animal: _____

Animal: _____ Breed: _____

Information About the Student's Disability:

Describe the history of the presenting problem and any current mental/medical health diagnosis(es): _____

Expected duration of the condition:

☐ Permanent

☐ Temporary

☐ Stable

☐ Progressive

Does the student require ongoing treatment? _____

Describe how the diagnosis listed above causes the student to be ***substantially limited*** to a major life activity (i.e. walking, breathing, seeing, hearing, learning, etc.). _____

When did you first meet with the student regarding this diagnosis, and in what context (that is, was it a face-to-face meeting or virtual interaction)? _____

When did you last interact with the student regarding this mental health diagnosis? _____

Information about the Proposed ESA:

(Please note that there are some restrictions on the type of animal that can be approved for a residence hall; it is possible that the student may be approved for an ESA based on the information you provide here, but may not be allowed to bring the specific animal named. Please consider the size and temperament of the ESA you are recommending, as it will be housed in a dorm room and around other students.)

Is the animal identified here one that you specifically prescribe as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus? _____

What ***specific*** symptoms will be reduced by having an ESA, and ***how*** will those symptoms be relieved by the presence of the ESA? _____

Is there evidence that an ESA has helped the student in the past or currently? If yes, please explain. _____

Importance of ESA to Student's Well-Being:

In your opinion, how important is it to the student's well-being that an ESA be in residence on campus? What consequences, in terms of their disability symptoms, may result if the accommodation is not approved? _____

Have you discussed with the student the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? _____

Do you believe those responsibilities might increase the student's symptoms in any way? _____

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.

We recognize that having an ESA in the residence hall can have a significant positive impact on a student with a disability, but the practical limitations of our housing arrangements make it necessary to consider the impact of the request on both the student and the campus community.

If you have any questions, please feel free to contact the Office of Accessibility & Accommodations by phone at 573-288-6000 ext. 6726 or by email accommodations@culver.edu.

Please provide contact information, sign and date below, and return the completed form via fax at 573-288-6547 or via email to accommodations@culver.edu.

Medical/Mental Health Provider's Contact Information:

Name: _____
Email: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip: _____

Medical/Mental Health Professional's Licence Information:

Type of License: _____ Date: _____
State or other jurisdiction: _____ License #: _____

I certify, by my signature, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

PROFESSIONAL SIGNATURE: _____

DATE: _____