

HOW TO REQUEST AN ACCOMMODATION

Dear College for Financial Planning Student:

The College for Financial Planning recognizes and accepts its obligations under the Americans with Disabilities Act (ADA) of 1990, the ADA Amendment Act of 2008, and the Rehabilitation Act of 1973, prohibiting discrimination on the basis of a disability and requiring the College to provide reasonable accommodations to qualified disabled students in all College programs and activities. No student shall be retaliated against for seeking accommodation under this policy. Requests for accommodation(s) will be reviewed on an individual, case-by-case basis. Each accommodation request requires the submission of a separate Accommodation Request Form.

Eligibility

To be eligible for an accommodation the student must:

1. **Have a disability**, as defined by the [ADA](#), that substantially limits a major life activity and subsequently necessitates a reasonable accommodation,
2. **Submit a request** to the College in which you disclose the disability and specify what accommodations are requested (Section I) and,
3. **Submit documentation** detailing the disability and how the requested accommodation will ameliorate the disability (Section II).

ADA Accommodation Request Review and Approval Process

1. **Notification of Receipt.** Within 3-5 business days from the date your request is received, an email notification will be sent and will include:
 - a. A request for additional information or documentation, if needed; or
 - b. Confirmation that your form and documentation are being reviewed. Reviews can take up to an additional five business days.
2. **Notification of Determination.**
 - a. **Approved.** An email will confirm your request has been approved and arrangements are in process. You will be notified once arrangements have been finalized; or
 - b. **Revised Accommodation.** If the College is unable to provide you with the exact accommodation requested, we will propose an alternate accommodation, subject to your approval. If the proposed accommodation does not meet your needs, you may request a different accommodation, subject to review and approval. Subsequent reviews may take up to five business days.
3. **Status Report.** Different accommodations may require different amounts of time to arrange, ranging from hours to weeks depending on the complexity of the accommodation. You will be sent a status update email every five business days until the arrangements have been fulfilled.

Please Note: DO NOT schedule your exam until you receive notice that the arrangements have been finalized.

4. **Close Out of Accommodation Request.** Once the accommodation arrangements have been finalized, you will be notified by email confirming your request for accommodation has been fulfilled and that the request is being closed.

Complaints/Grievances. If there is a problem with: (1) negotiating your accommodation(s); (2) your agreed upon accommodation(s); (3) the classroom/testing environment, or (4) you experience other challenges or difficulties related to your accommodations, notify Colleen McArdell at 303-220-4824 or colleen.mcardell@cftp.edu immediately. No Student shall be retaliated against for participating in any complaint procedure brought against the College concerning alleged non-compliance with the Americans with Disabilities Act (ADA) of 1990, the ADA Amendment Act of 2008, and the Rehabilitation Act of 1973.

Information regarding your disability and resulting accommodation(s) is confidential and released strictly on a need to know basis to those providing your accommodation(s).



Request for Accommodation Form

Name	Email address	Student ID number
Phone number	Order Confirmation Number	Order Date

1. Program/Course for which you are requesting accommodation:
2. Please describe your disability:
3. Accommodation(s) requested from the College:
4. Based on your disability, how will the requested accommodation(s) assist in the online learning environment?
5. Describe any accommodation you have previously received in an educational environment.

Affirmation:

By signing below, I affirm and acknowledge the following:

- (i) All the information I have provided in this form is true and correct to the best of my knowledge;
- (ii) This information is necessary to process a request for accommodation and that said request must be available to the College sufficiently in advance of the services date to timely process my Accommodation Request;
- (iii) My ability to attend class or access the course exam(s) may be delayed while my request is being processed;
- (iv) Final determination as to whether any requested accommodation is warranted and appropriate resides with the College;
- (v) **Enrollment in courses or programs and/or the purchase of products or materials prior to the approval of an Accommodation Request, is done so at my own risk and does not guarantee approval of an accommodation request;**
- (vi) Materials provided in an alternative format, such as electronic files, are subject to Copyright Law of the United States of America, as amended (17 U.S.C. Sec 101 et seq.) and violations of Copyright Law may result in civil proceedings and payment of fines or other monies to the copyright holder.

Signature: _____

Date: _____



SECTION II
TO BE COMPLETED BY
A QUALIFIED PROFESSIONAL

Student/Patient Name: _____

Please provide the following information as well as any other appropriate documentation describing your diagnosis and recommended accommodations for the above named student (supporting documentation must be typed, signed, and dated on letterhead).

Students with learning disabilities may submit any of the following in lieu of this section.

- Individualized Education Plan (IEP);
- 504 Plan;
- Recommendation from qualified professional based on formal diagnosis (typed, signed, and dated on letterhead);
- Proof of past testing accommodations;
- Results of psycho-educational or other professional evaluations; or
- Student's history of diagnosis.

1. Please select one:

____ **Temporary** Disability (beginning ____/____/____ and expected to last until ____/____/____)
____ **Permanent** Disability

2. Diagnosis: Primary Disability:

Secondary Disability(ies):

3. Presenting limitations resulting from the above diagnosis as they pertain to the educational environment:

4. Record of any prior or successful accommodation(s) or auxiliary aids used, including any information about specific conditions under which the accommodations were used:

5. Recommendations for academic accommodations:

If the space provided on this form is not sufficient, you may attach additional pages. Additional pages should be typed, signed, and on letterhead. Please include the student's name and the date on any additional pages.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

Diagnosing Professional's Name (Printed) Title, Licenses, Credentials

Practice/Company

Address City State Zip

Phone number Email

Diagnosing Professional's Signature Date

Submit forms via email to CE.compliance@cftp.edu or by fax to 303-220-1810.