

ROWAN-SOM REGISTRATION / APPLICATION FOR ACCOMMODATIONS

I. Personal Information

Name: _____ Date of application: _____

Student ID# (A00 #): _____ Graduating Class of: _____

CHECK ONE: SOM Traditional Curriculum SOM PBL Curriculum GSBS:
Stratford Campus
Sewell Campus

Local Address: _____

Local Telephone #: _____ OMS: I II III IV (Select one)

Date of Birth: _____

II. Disability Information:

Please specify your diagnosis and provide a description of your condition. _____

Please describe the practical/functional limitations of your disability as it impacts your ability to function in an academic environment and in a health care work environment.

When were you first diagnosed with a disability? _____

Please list the accommodations you believe you will need at RowanSOM. (e.g., test taking accommodations, books in an alternate format, sign-language interpreters). _____

Please describe any auxiliary aids, assistive technology and/or services that you anticipate using while attending SOM (e.g., service dog, personal assistant, FM system, wheelchair, adaptive technology). _____

III. Academic History

Standardized exams for which you received accommodations

List Accommodations

Colleges/Universities attended

List disability accommodations and/or services used

High School attended

List disability accommodations and/or services used

I certify that the information provided on this form is accurate. I understand that to be eligible for disability services at Rowan University- School of Osteopathic Medicine, I must submit this completed form as well as disability documentation that is not older than 5 years and that substantiates the requested accommodations. I also agree to participate in a disability intake interview with Academic Affairs / Center for Teaching & Learning (CTL) staff person. My signature authorizes SOM staff to contact the medical caregiver who provided the disability documentation if additional information or clarification is required.

Signature (electronic signature is acceptable)	Date

I, _____, hereby give my written consent for the Center for Teaching and Learning to release pertinent information (psychological, medical, and/or academic) to the RowanSOM faculty and School administrators on an as needed basis.

Signature (electronic signature is acceptable)	Date

IMPORTANT: Please note that SOM's granting of accommodations DOES NOT imply or guarantee that students will receive accommodations through the National Board of Osteopathic Medical Examiners (NBOME) for the Complex licensing exams. The NBOME has its own lengthy application process for accommodations that the student should initiate early in their second year of medical school.