

## **Supporting Documentation Form for Medical Professionals Recommending Accommodation(s)**

Individuals admitted to the Law Society of Newfoundland and Labrador as a student may request accommodation for the Bar Admission Course based on a condition which arises from an enumerated ground listed in the Human Rights Act, 2010, SNL 2010, c. H-13.1. To be approved for accommodation, students must submit an Accommodation Request Form and all necessary supporting documentation established in the Bar Admission Course Accommodation Policy.

A student making a request for accommodation based on a disability (which, for these purposes, includes any medical condition or a pregnancy or maternity-related need) must provide verifiable medical documentation in support of the request. Medical professionals must use the Supporting Documentation Form for Medical Professionals Recommending Accommodation(s) to submit their supporting documentation. All documentation should be as specific as possible. Medical professionals completing this form are invited to attach appendices where additional space is necessary. Final determinations about accommodation requests will not be made until all required supporting documentation is received. The Accommodation Request Form and all supporting documentation must be submitted to the Education Committee on or before August 1st of the year, when the student will be participating in the Bar Admission Course.

A completed Supporting Documentation Form For Medical Professionals Recommending Accommodation(s), along with any appendices or other supporting documentation, must be submitted directly by the medical professional to the Education Committee. Once complete, print, sign, date and file this form and all supporting documentation in one of the following manners:

1. Scan and email to [churley@lsnl.ca](mailto:churley@lsnl.ca). Please ensure you request and receive a read receipt when submitting your form.
2. Registered mail to: Education Committee, c/o Christian Hurley, The Law Society of Newfoundland and Labrador, 196-198 Water Street, P.O. Box 1028, St. John's, NL, A1C 5M3.

**Student Information**

Student Name: \_\_\_\_\_

How long has the student been in your care? \_\_\_\_\_

**Medical Professional Information**

Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Office/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical Professional Qualifications**

In this section please describe your professional qualifications. Please provide information about any professional licenses you maintain, your area(s) of practice and any specialties.

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**Description of Recommended Accommodation(s) and Any Alternative Accommodations**

In this section please describe any specific accommodation(s) you are recommending, as well as any alternative accommodations that may be considered. Recommendations for specific accommodation(s) must explain how that accommodation will negate or mitigate the adverse effect of the student’s disability while participating in the Bar Admission Course and/or writing the Bar Admission Course Examinations. All recommended accommodations should be as specific as possible. For example, if you are recommending additional writing time to complete the Bar Admission Course Examinations, indicate the recommended amount of additional time.

**Please Note:** A student with a condition which falls within subsection 2(c)(ii), (iii), or (iv) of the definition of disability under the Act who requests additional writing time for a Bar Admission Course Examination must provide a psychological or psycho-educational assessment report to support their request. This is in addition to the Supporting Documentation Form for Medical Professionals Recommending Accommodation(s). A psychological and/or psycho-educational assessment report should identify issues impacting the student’s development, functioning, severity of condition and current treatment. This report should explain how the student is impacted by the disability, and how the student’s functional limitations are caused by the disability in order to provide a measurable basis to justify the recommendation for additional writing time. All recommendations for additional writing time must indicate exactly how much additional writing time is requested, and why that specific amount of additional time is necessary to accommodate the student’s disability.

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**Medical Professional Confirmation and Signature**

I confirm that the foregoing information I have provided is accurate to the best of my knowledge and expertise.

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Name

\_\_\_\_\_

Date