Disability Services at Mount Sinai School of Medicine

The Mount Sinai School of Medicine’s Disability Services Officer facilitates individual accommodations for all students with disabilities throughout all degree-granting programs with the goal toward providing equal educational opportunities for students with physical, learning and psychiatric disabilities. The Disability Officer manages all academic related aspects of the student’s needs by working with faculty and administration to coordinate provision of reasonable accommodations through a variety of support services (i.e. access modification, learning related technology, extended test times).

Procedure
Students must file an application with appropriate supporting documentation. The approval process can take up to 4 weeks and accommodations will not be made until all documentation is submitted, reviewed and approved. Students should plan their application submission accordingly. Students may choose not to self-identify upon entering Mount Sinai School of Medicine and identify themselves to receive accommodations at a later date. However, MSSM does not provide accommodations or services for students with disabilities until students have registered and been approved.

Students are responsible for:
- submitting a written application for Accommodations and Services to the Disability Office describing the disability and/or condition and the type of accommodations being requested
- providing the school with evaluative documentation, deemed appropriate and sufficient by the school, which supports his/her need for accommodations. Documentation must be from a licensed professional with experience in the area being evaluated.
- meeting with the disability officer to discuss the submitted documentation. The purpose of the meeting is to gather additional information from the student about the specific academic strengths, areas of need, and previous learning experiences.

The Disability Office (DO) is responsible for:
- Determining, in conjunction with an advisory group, the acceptability of documentation and requesting additional information as deemed necessary to make this determination
- Providing accommodations that the institution has approved
- If necessary, consulting with academic program directors on campus to be sure that a requested accommodation will not compromise the essential nature, function, or element of a course or academic requirement
- Storing all documentation of disabilities in a secure environment; ensuring that documentation information is treated as confidential and not released to anyone outside of the DO without the student's informed and written consent; destroying documentation six years after the last semester the student is enrolled

For any questions or to make an appointment, please e-mail Kelly Brennan, Interim Disability Officer at kelly.brennan@mssm.edu
Application for Accommodations

I. General Information

Name _______________________________ Male _______ Female ________

Date of Birth ___/____/_____ Life #: _________________

School: School of Medicine (SOM) __________ Graduate School ___________/Program___________

Permanent Address: _______________________________________________________________________

City __________________________ State _________________________ Zip Code ___________________

Permanent Phone: (     ) __________________ Email Address: ___________________________________

Local Address: ( ) check here if same as Permanent Address.

Local Address: ___________________________________________________________________________

Local City ____________________ Local State ________________ Local Zip Code__________________

Local Phone: (     ) _________________ Other Email Address: __________________________________

II. Nature of Disability/Disabilities, Documentation and Accommodations Requested:

What is your disability (diagnosis): __________________________________________________________

What documentation are you providing: _____________________________________________________

What type of accommodation(s) are you requesting: ___________________________________________

Other pertinent information:  ________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
III. Confidentiality

The Disability Officer will abide by the school’s FERPA policy whereby all applications, documentation and discussions with the student about their disability/disabilities will be kept on file and confidential. Documentation submitted to support accommodation requests do not become part of the official student record held by the Registrar’s Office.

IV. Release of Information (internal source)

In order to arrange for reasonable and appropriate accommodations, it may be necessary for the Disability Officer to communicate to the following individuals on your behalf.

I ________________________________ am enrolled as a student in the School of Medicine _____
Graduate School/Program _____/__________ at the Mount Sinai School of Medicine. I give permission to the Mount Sinai School of Medicine’s Disability Officer to share information with the following individuals on my behalf:

___________ Course/Clerkship Directors of the Mount Sinai School of Medicine

___________ Course Directors of the Mount Sinai Graduate School of Biological Sciences

___________ Other individuals (counselors, physicians, etc.)

Student Signature: _______________________________ Date: __________________________

Note: Services cannot begin until the Application for Accommodations is on file with the Disability Officer of the Mount Sinai School of Medicine and the disability has been verified according to the documentation guidelines. It is the student’s responsibility to provide documentation supporting his/her needs for accommodations.

Please return the completed application with supporting documentation to:

Dr. Kelly Brennan
Disability Officer at Mount Sinai School of Medicine
1 Gustave L. Levy Place – Box 1108
Annenberg 13-98
New York, NY 10029
Phone: 212-241-2865
Fax: 212-996-1091
Email: kelly.brennan@mssm.edu