

QUESTIONNAIRE FOR APPLICANTS REQUESTING EXAMINATION ACCOMMODATIONS

Requests for accommodations on a Vermont Emergency Medical Responder or Emergency Medical Technician psychomotor examination must include clear, credible, written documentation from a suitable provider, sufficient to demonstrate:

- a. that you have a disability
- b. the nature, severity, and duration of that disability
- c. that the accommodation(s) you request would lessen the impact of your disability on your ability to demonstrate essential eligibility requirements to obtain an EMR or EMT license

A “suitable provider” means a licensed health care professional who has examined you and become oriented to your condition and is qualified by training, education, experience, and scope of professional practice to offer an opinion on the nature, severity, and duration of any disability found, as well as the necessity and utility of the requested accommodation(s).

Please attach this documentation to this application.

Name: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Please describe your disability:

What accommodation(s) are your requesting?

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Please describe prior classroom or test accommodations you have received, including during elementary school, secondary school, college and/or EMS training:

Five horizontal lines for text entry.

Certification/Authorization:

I certify that the above information is true and accurate.

Signature: _____ Date: _____

Authorization for Release of Information

If clarifications of further information regarding the documentation provided is needed, I authorize the Vermont Department of Health to contact the professional(s) who diagnosed the disability and those entities who have provided me test accommodations. I authorize such professional(s) and entities to communicate with the Department in this regard to provide the Department with such clarification and/or further information.

Signature: _____ Date: _____

Next Steps:

Please submit this questionnaire and supporting documentation to:

Vermont Department of Health EMS Office
ATTN: Accommodations
PO Box 70
Burlington, Vermont 05402
vtems@vermont.gov

We will send you a letter indicating the results of the accommodations review with detailed instructions. Please do not schedule your next exam until you receive this letter. If you do, you will not receive your accommodations and will need to reschedule. If you have questions, please contact us at vtems@vermont.gov.