

# ADA REQUEST FOR ACCOMMODATIONS FORM

In compliance with the Americans with Disabilities Act (ADA), Quality CAN Training will provide reasonable accommodations to applicants who require special accommodations to successfully complete the QCNAT course.

**Please follow these instructions to submit your ADA request and documentation:**

→ If you require any accommodations to be able to successfully and safely complete all the required skills to become a caregiver, please fill out this form. The form should detail precisely what accommodation you need. Once you have completed the form, please email it to [Registration@qualitycnatraining.com](mailto:Registration@qualitycnatraining.com) along with supporting documents that outline your diagnosed disability (as described on page 2) and your need for accommodation.

→ This form needs to be submitted with your application. Submission of the form does not guarantee acceptance into the program. Your accommodations request will be reviewed and approved by QCNAT Staff and DHS. We will contact you if more details are needed. All accommodations need to ensure the safety of the patients you will be caring for during the training.

Please be aware that all the information you provide below will be kept confidential. To ensure that we provide suitable accommodation, please specify your request in detail. For instance, if you have visual impairments, kindly let us know that you need large print materials. If you have hearing impairments, please indicate that you need to be seated toward the front of the class. If you have difficulty reading, please specify that you need to have your exams read to you. In order to grant an accommodation, Quality CNA Training may need to share information with the RN Instructor, the healthcare facility where you will be completing your clinical, and WI DHS. It is important to note that the approval process may take up to 60 days. Please sign your name on this form to indicate your permission for Quality CNA Training to share information about your disability with the RN course instructor and State Agencies. Your signature below indicates that you understand this, and you permit Quality CNA Training to share this information as described.

**(Any specialized equipment required must be provided by the candidate.)**

Last Name: _____	First Name: _____
Address: _____	City: _____ State: _____, Zip: _____
Email: _____	Phone: _____ Date of Birth: _____
Applicant Signature: _____	

Describe your disability and how this substantially limits one or more of your major life activities:

Explain the nature and extent of your disability and how it impairs your ability to complete the QCNAT Course:

Please list all skills that you would be unable to perform/complete without special accommodations from the Quality CNA Skills Checklist that can be found [HERE](#)

Describe the accommodation you are requesting:

## **REQUIRED DOCUMENTATION FOR ADA ACCOMMODATION REQUESTS:**

An applicant must provide the following to Quality CNA Training when requesting special accommodations:

- Documentation from the Health Care Provider or Learning Specialist who rendered a diagnosis.  
Documentation including recent (within the last four years, unless the disability is documented by the professional as stable and permanent) reports, test results, evaluations, and assessments of the candidate's need for accommodations due to a disability (physical or mental impairment) that substantially limits one or more major life activities. Major life activities include walking, seeing, hearing, speaking, breathing, learning, thinking, working, caring for oneself, and performing manual tasks. Mental impairment includes any mental or psychological disorder, such as organic brain syndrome, emotional or mental illness, and specific learning disabilities, which are protected under the Americans with Disabilities Act (ADA). Documentation by a qualified professional with expertise in the areas of the diagnosed disability that supports the request for accommodations, including results of appropriate diagnostic training, must be submitted.
- An image or attached copy of verification must be submitted to Quality CNA Training on the letterhead stationery of the Health Care Provider or Learning Specialist and must include the following:
  - Specific description of the disability and limitations related to training.
  - A comprehensive history of the candidate's disability and past accommodation, along with an explanation of their impact on their functioning.
  - Specific recommended accommodation(s).
  - Name, title, and telephone number of the Health Care Provider or Learning Specialist.
  - Signature of the Health Care Provider or Learning Specialist.

### **IMPORTANT NOTES:**

To make the necessary arrangements to accommodate your needs, all requests and supporting documentation (please include additional pages if needed) **MUST BE ATTACHED AND SUBMITTED** via email with your application.

Please note the review process will take at least 10 business days. However, the review process may take longer if Quality CNA Training or the State Agency needs to reach out for more information. Additionally, any adjustments to our current skill steps will need to be approved by DHS before we can proceed with enrolling you into the program, QCNAT

- An ADA request will not be reviewed until the appropriate documentation is received.

Quality CNA Training will review the request and inform you via email of any approved or denied accommodation. Your request must be reasonable and able to be provided by Quality CNA Training without:

- Posing a direct threat to others; or
- Fundamentally altering the purpose of the course which is intended to verify your training, competency, and hands-on skill in the mandatory nurse aide subject areas identified by law, including 42 CFR §§ 483.150 to 483.160
- If your request is approved, you will be able to enroll in a class that is suitable for your schedule.

To receive approval to use an accommodation for testing you must complete the Headmaster ADA form which can be found [here](#).

All requests will be considered on a case-by-case basis. It will be necessary for training staff to speak and correspond with you regarding specific arrangements. Therefore, **YOU MUST** provide a current email, address, and daytime telephone number and keep Quality CNA Training informed if any of these changes.

**DENIAL AND APPEAL PROCESS | TRANSFER OF INFORMATION | RECORD OF REQUEST:**

If Quality CNA Training staff does not have sufficient evidence to grant the accommodation, the applicant will be informed of the requirements. The applicant may appeal staff findings to Quality CNA Training by submitting a written request for appeal within 10 days of the notification of insufficient evidence to grant the accommodation. The request should be sent to [Paulene@QualityCNATraining.com](mailto:Paulene@QualityCNATraining.com).

- All accommodations must guarantee the safety of the individuals you will be caring for and must not pose a risk to the health, safety, or welfare of yourself, your clients, or co-workers/students.
- All accommodation requests are maintained and filed in the applicant's file and **are not** considered public records.

Your signature below indicates that you understand this application and the documentation you included and give permission to Quality CNA staff, RN Instructors, Classmates, and appropriate State Agencies to be informed of the accommodation requested. The information requested and documentation regarding your disability are considered strictly confidential and will be shared only with the parties listed above on a need-to-know basis.

Attach your ADA request with supporting documentation and send via email with this form to Student Services at: [Registration@QualityCNATraining.com](mailto:Registration@QualityCNATraining.com)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Applicable)

ADDITIONAL NOTES, IF NEEDED: