

EMT APPLICATION PACKET

January 8, 2024

Class #620751



Enforcer Educational Services

424 Hwy 75 S

Fairfield, Texas 75840

833-436-3672

www.enforcereducation.com

chad.steely@enforcerfirstresponse.com

\$1150 Information for Prospective EMT Students

Class Schedules

Class schedules will vary, based on the needs of the specific students and will be revealed upon individual course coordination.

The EMT course is 80 hours to include classroom time, 24 hours of hospital clinical rotations, and 36 hours of ambulance ride-outs required in addition to the classroom time. Clinical rotations will be scheduled for a time outside of class at a time agreed upon by the clinical sites. ER sites may require a COVID vaccination upon access of facility. If you have not obtained a COVID vaccination you will be required to attend 48hrs of rotation at EMS clinical site. EMS clinical sites do not require COVID vaccination. Your ER clinical rotations will be absorbed into EMS Rotation.

Online Course Access

Enforcer Educational Services, LLC can offer some portions of the EMT course online, in a “live” virtual instructor-led fashion, or as a remote “satellite” location. While students may be able to take the classroom portion(s) of the course online, the same attendance policies exist for the course, and all classroom assignments must still be completed. **The student MUST still also attend all the skills exam session, the final exam, and the clinicals in-person**, at a time and place set by the course director. The “online” student is still expected to stay on pace with the course, or they will be dropped from the course, with no refunds.

Transportation and Travel Costs

Enforcer Educational Services, LLC assumes no responsibility for expenses incurred as a result of travel or transportation that must be arranged by students to satisfy course requirements.

Tuition Costs and other Expenses

Tuition total cost is \$1150+ choice of book and online access and is due upon submitting application. Books And online Access are purchased by student in the LINKS listed below.

The completion of the tuition will be the Brady Online access for assignments and your choice of digital book or hardback book. The following links will take you to this access.

www.pearson.com

STUDENT

Option 1: Digital Book w/ Online Access to Assignments and Test

[24-month access MyLab BRADY with Pearson eText Access Card for Emergency Care](#)

[ISBN-13: 9780135479148 | Published 2020](#)

\$133.32

Option 2: Hard Copy and Digital Book Access w/ Online Access to Assignments and Test

[MyLab BRADY with Pearson eText + Print Combo Access Code for Emergency Care](#)

[ISBN-13: 9780136857860 | Published 2020](#)

\$179.99

Note about Documents and Record Keeping

Please retain copies of all documents you provide as part of the admissions process and another documentation. Employers frequently require similar documents as part of their application process. Enforcer Educational Services, LLC does NOT routinely provide students with photocopies of CPR cards, immunization records, EMT certificates, or similar documents from their files. There is an administration fee of **\$45** per request for copies of documentation from Enforcer Education Services, LLC.

Drug Screening

Students are required to pass drug screening as a condition of ongoing enrollment. Some of our Clinical Affiliation Agreements require that students complete and submit a drug screening prior to being granted access to those facilities. Students who test positive for illegal substances without providing a prescription **will not** be allowed to enroll or complete clinical rotation.

EMT Application

Please fill out the application packet.

Last Name	First Name	Middle Initial	Preferred Name
Social Security Number		Date of Birth	
Mailing Address			
City	State	ZIP	
Home Telephone (with area code)		Work Telephone (with area code)	
Cell Phone Number (with area code)		Email Address	
Highest Level of Education Completed, including degree and institution if appropriate.			
Name of Emergency Notification		Telephone Number (with area code)	

***** MUST BE FILLED OUT BE SUBMITTING APPLICATION*****

Application Checklist and Required Items:

- _____ Application page filled out completely
 - _____ High School Diploma, GED, or letter stating you are in your senior year of High School
 - _____ Verification of immunizations of: tetanus, diphtheria, influenza, mumps, measles, rubella, varicella and hepatitis B.
 - _____ Negative results of a tuberculosis skin test or chest x-ray performed within the last 6 months
 - _____ Copy of driver's license or State ID Card
 - _____ Copy of current Basic Life Support (BLS) Card (AHA Health Care Provider) if available
(IF not available, will be provided during class.)
 - _____ **All Forms Filled out and Signed:** Student Contract, EMT Course Agreement, Waiver of Rights, Hep B Immunization and Waiver, Authorization for Release of Health Information Form, Drug and Alcohol Test Consent Form, Health Insurance Disclosure and Agreement, Photo Release Form.
 - _____ For people with Disabilities and needing accommodations, Please fill out the Disabilities Accommodations Request form and turn in with application.
- PLEASE NOTE:** Applications will **NOT BE PROCESSED** until **ALL** appropriate paperwork has been submitted and tuition has been received (or the deposit for payment plan).

STUDENT CONTRACT

I hereby certify that the statements on my application are true and complete, that I understand the responsibilities of the program and that no claim will be made by me or in my behalf, against the personnel in charge of this Program (i.e., the Course Coordinator(s)), his or her agents, employees or designees, Enforcer Educational Services, or any other authorized clinical or observation site, the sponsoring group and/or the facility(s) used for training, for any loss, injury, damage, which may result there from. I hereby certify that I am aware of, and will abide by, all the requirements set forth by this Program in the Student Handbook, the class syllabus, and any other documents which have been, or which may be, provided to me from time to time throughout the Program. I also certify that I have received a copy of this Contract, a class syllabus outlining the class schedule and reading assignments, and the EMS Training Program Student Handbook and agree to abide by all rules, regulations, policies and procedures as outlined by the Program.

I further understand and agree that as a student in the EMT Program, I must maintain the confidentiality of all matters related to the patients, the Program, and the Program instructors and staff. This includes, but is not limited to, refraining from looking up, disclosing, copying, publishing, altering, or modifying any educational, classroom, business or patient records, materials, computerized data or any other form of information unless authorized to do so. This Confidentiality provision is intended to, and shall survive, to the end of my participation in the Program, whether such end is by completion or termination from the Program, and in the case of termination, regardless of the reasons for such termination.

It has been explained to me that any violation regarding confidentiality will be considered a serious infraction and will result in disciplinary action, up to and including termination from the Program and possible legal consequences.

EMT-Basic Program

Student's Name	Date
Student's Signature	
If Student is under 18 years of age, signature of parent or legal guardian below please.	
Signature	
Printed Name	

**Emergency Medical Technician
Course Student Agreement**

Notice: Your application will not be valid until you have initialed each bullet point and submitted this form to the Course Coordinator.

If you have any questions regarding the course policies, do not hesitate to contact the Course Coordinator or refer to the Student Handbook. If you have any concerns about meeting these course criteria, please do not submit an application until you speak with the Course Coordinator.

_____ I have read and understood the course policies.

_____ I verify that I am above the age of 18 or will be by the Licensure Examination. I also verify that I have completed high school, as evidenced by a high school diploma or G.E.D. If the student is between ages 16 to 18 a parental consent form must be complete and signed by the parent / guardian. Contact the course coordinator for the form.

_____ I understand that the entire course fee is completely non-refundable after the start of the first class. I understand that all additional fees are completely non- refundable should I get into the class, although I will be able to keep all materials.

_____ I understand that in addition to the course fee, I am responsible for the payment of National Registry of Emergency Medical Technicians testing fees.

_____ I understand that I must attend all class and practical sessions. I have checked my schedule and have no conflicting events on any class or practical session.

_____ I understand that this course is very intense, and I realize that I will receive no refund if I drop the course because of school or work- related conflicts.

_____ Any and all material submitted to Enforcer Educational Services becomes property of Enforcer Educational Services and can be used for publication at a later date.

Print Name	Date
Signature	

WAIVER OF RIGHTS

In consideration for the opportunity to pursue training and/or education, the undersigned hereby waives any and all rights that he/she might have to claim damages, compensation, or remuneration in any form from Enforcer Educational Services, LLC and any and all students, faculty, staff, Clinical Mentors and preceptors, visitors, patients, and/or employees or any of the authorized clinical sites. These rights specifically pertain to any injuries to the undersigned occurring under the following circumstances: The undersigned is injured while he/she is a student or student observer in any training program or clinical observation location, or a while a passenger in any ambulance or other vehicle owned and operated by any of the contracted/authorized clinical sites or emergency services, while such student is present in any classroom, training area, clinical observation site, ambulance or other vehicle as an observer and/or as part of a training program.

As used herein, the word "injuries" shall include bodily injuries, injuries to personal property, mental anguish, emotional distress, psychological injuries, and/or death resulting from any such injuries. All reference herein to the undersigned shall include not only the individual signing this document, but also his or her personal representative, heirs, survivors and assigns.

In addition to waiving rights as specified above, the undersigned, by signing this document, represents that he/she has read, understood and received a copy of this document; that he/she is 18 years of age or older (or if under 18 years of age, that a parent or legal guardian has read, understood and received a copy of this document); and that he/she is fully aware of the risks inherent in the type and nature of training and clinical observation to be engaged in, as well as the risks and dangers inherent in riding in an ambulance or other vehicle operated by an ambulance company. The undersigned also acknowledges that if any single provision of this Waiver of Rights is declared unenforceable that such declaration has no effect on the enforceability of the remainder of the Waiver. This Waiver of Rights shall become effective upon its signing.

Dated this _____ day of _____, 20__.

Student's Name	Date
Student's Signature	
If Student is under 18 years of age, signature of parent or legal guardian below please.	
Signature	
Printed Name	

HEPATITIS B IMMUNIZATION

As a student in a health care field, you will have direct contact with patients who could be Hepatitis B carriers. THEREFORE, IT IS REQUIRED THAT YOU OBTAIN THE SERIES OF THREE (3) IMMUNIZATIONS FOR HEPATITIS B OR PROVIDE PROOF OF SEROLOGIC CONFIRMATION OF IMMUNITY TO HEPATITIS B VIRUS OR YOU MUST QUALIFY FOR ONE OF THE EXCLUSIONS LISTED IN DSHS RULE 97.62.

I, _____, hereby affirm that I have been well advised and thoroughly informed of the hazards of not obtaining the **Hepatitis B immunizations**.

____ I understand that participating in clinical rotations involves certain risks, and injuries can occur that result in extensive treatments, personal injury and even death. I understand that it is my responsibility to obtain the **Hepatitis B immunizations and to provide proof of such to Enforcer Educational Services**.

____ I have already been vaccinated against **Hepatitis B** and will provide proof of these to Enforcer Educational Services, LLC.

____ I will immediately start and obtain the entire series of Hepatitis B immunizations prior to any clinical rotations or other activities involving patient care and will provide proof of these to Enforcer Educational Services. Completion of the Hepatitis B series takes approximately four (4) to six (6) months to complete. Please see schedule regarding admission requirements. Watch your dates closely.

____ I choose NOT to obtain the Hepatitis B immunizations. I understand if I choose not to obtain the Hepatitis B immunization and I do not qualify for any of the Exclusions in DSHS TITLE 25 PART 1 CHAPTER 97 SUBCHAPTER B - Rule 97.62, I will not be considered for admission into this program.

Executed this _____ day of _____, 20_____.

Signature: _____

Printed Name: _____

HEPATITIS B IMMUNIZATION

RELEASE OF LIABILITY

In consideration of being allowed to enroll in clinical rotation courses, I hereby affirm that and covenant not to sue regardless of my hepatitis immunization status, I do hereby release, discharge enforcer educational services, llc, its employees, instructors, agents, and representatives (the "released parties"), from all liability whatsoever to me for personal injury, damage or wrongful death caused by negligence or gross negligence or by any statutory violation, or caused by my contracting hepatitis or any contagious disease whatsoever, including injuries or diseases caused by "sharp" cuts, needle sticks, or exposure to patients or their bodily fluids or respirations, and I expressly hereby discharge and release the said released parties above named from any claim, demand, cause of action or damage of any description in any way related to my contracting infectious diseases and my obtaining or failing to obtain immunizations against these diseases. this release will be applicable to damages sustained by me caused by the joint or concurrent negligence of the released parties, even if they are discharged or protected against their own negligence.

I further state that I am of lawful age and legally competent to sign this waiver and release of liability; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free will.

I have fully informed myself of the contents of this release of liability by reading it and the Enforcer Educational Services, LLC Hepatitis B information document before signing below.

Executed the _____ day of _____,

20_____. SIGNATURE_____

Printed Name:_____

Enforcer Educational Services, LLC
424 State Highway 75 S, Fairfield, Tx. 75840
Ph. 833-4ENFORCER

Authorization for Release of Health Information

Party Authorized to Release Information (check one only):

Enforcer Educational Services, LLC
 Other Party, Medical Provider, or Medical Facility Name _____
Address _____ City _____ State ___ Zip _____
Phone(_____) - _____ Fax (_____) - _____

Information Authorized to be Released Belongs To:

Student Name: _____ Tx State ID# _____ Birthdate _____
Phone(_____) - _____ Address _____ City _____ State ___ Zip _____

Purpose For Requesting Information (circle one): Student Instructor Employment
Other _____

Please Specify The Information You Want Released: _____

I understand the information I am authorizing to be released **may not** include information about me related to the following unless I give specific authorization by **initialing:**

Psychotherapy Notes Mental Health Information Alcohol/Drug Abuse HIV/Aids STD's

Information May be Released to: _____

Address _____ City _____ State ___ Zip _____
Phone(_____) - _____ Fax (_____) - _____

Specify How Your Information Should Be Released (circle one):

Pickup at Enforcer Educational Services, LLC Fax Encrypted E-Mail Mailed

Statements of Understanding:

- This authorization may be revoked in writing at any time by contacting Enforcer Educational Services, LLC, except in the case where information has already been released in good faith.
- This authorization will expire 90 days from signature, date or by _____ (not to exceed 180 days).
- My signing of this authorization is voluntary and refusing to sign does not solely exclude me from registering for courses offered at Enforcer Educational Services, LLC.
- There is a possibility that the information disclosed by this authorization may be redisclosed by the recipient and no longer be protected under federal or state privacy laws.
- I understand the facility, its owner, employees, administrators, instructors, and staffing are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.
- I understand that by refusing to disclose the requested information to clinical site facilities may prevent me from participating in clinical rotations therefore possibly resulting in myself not being able to complete the program to which I am attending.

Signature _____ **Date** _____

Guardian/Representative Signature (under 18) _____ Date _____

Please explain your authority to act for the above _____

Office Use Only:

Picture ID Verified _____ Additional Information _____

Revoking Authorization: I understand, by signing below, I revoke this Authorization, except in the case where information has already been released in good faith.

Signature _____ **Date** _____

DRUG AND ALCOHOL TEST CONSENT FORM

CONSENT FOR ENROLLMENT, RANDOM, OR REASONABLE SUSPICION DRUG AND ALCOHOL TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I, the undersigned, certify that I have read and understand Enforcer Educational Services, LCC's Statement of Policy on Drug/Alcohol Abuse and have received a copy of that policy. I have also been provided with the opportunity to ask questions regarding the policy. I further understand that my failure to honor the terms of the Enforcer Educational Services, LCC's Statement of Policy on Drug/Alcohol Abuse will be grounds for termination of my enrollment, or loss of consideration of my application for enrollment with Enforcer Educational Services, LCC.

I hereby CONSENT to allow Enforcer Educational Services, LCC to direct me to a drug testing facility and to take a specimen of my hair, urine, or blood and submit it for a pre-enrollment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing service to make the results of such screen available to Enforcer Educational Services, LCC.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Enforcer Educational Services, LCC, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and HOLD HARMLESS Enforcer Educational Services, LCC, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Print Name	Date
Signature	

HEALTH INSURANCE

DISCLOSURE AND AGREEMENT

The profession and activities that you will undertake as part of your educational experience will expose you to risks. The dangers include, but are not limited to, ambulance crashes, assaults, hazardous materials exposures, infectious diseases, lower back injuries, abrasions, cuts, and exposure to extreme temperatures.

Students are provided liability insurance through Enforcer Educational Services, LLC for the purposes of the clinical rotations only. This is not health insurance and does not equate to medical benefits.

The facilities in which you will be learning do not provide worker compensation or other medical benefits to the student.

If the student becomes sick or injured as a result of participating in the EMT courses, the student will be responsible for any and all costs that are associated with the treatment. As such, students are highly encouraged to purchase personal health care coverage while participating in these courses.

I understand that Enforcer Educational Services, LLC and affiliated clinical sites have no responsibility for providing health care services in the event of illness or injury. In addition, students may be requested to acknowledge and sign additional liability release forms from clinical sites.

Date: _____

Signature: _____

Printed Name: _____



Photo Release Permission Slip

As a student/participant of Enforcer Educational Services, I hereby consent to the use of photographs/videotape taken during the course or event for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Enforcer Educational Services to photograph me for educational purposes and/or at events.

No, I do not authorize Enforcer Educational Services to photograph me for any event.

Signature: _____ Date: _____

Name: _____

The National Registry of Emergency Medical Technicians administers a separate process for determining whether accommodations for disabilities will be granted during the certification exams. Eligibility is determined on a case-by-case basis. **Therefore, a student who receives an accommodation during an EMT course has no guarantee of receiving an accommodation for the certification exam.**

Americans with Disabilities Act

ACCOMMODATIONS POLICY

It is the policy of Enforcer Educational Services to administer its education courses in a manner that does not discriminate against an otherwise qualified applicant. Enforcer Educational Services offers reasonable and appropriate accommodations for the classroom portions, written exams, and psychomotor components of the education programs for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

Enforcer Educational Services urges candidates requesting any accommodation to submit such requests as early as possible to provide adequate time to resolve any documentation issues that may arise. **At a minimum, all requests for accommodations must be received by Enforcer Education Services at the time of class start date.**

Enforcer Educational Services will review each request on an individual basis and make decisions relative to appropriate accommodations based on the following general guidelines:

1. To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities.
2. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for the education programs are eligible for accommodations.
3. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the education program's ability to carry out the essential portions of the course(s).
4. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so.
5. Enforcer Educational Services realizes that each candidate's circumstances are unique and uses a case by case approach to review the documentation that is required.
6. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to Enforcer Educational Services' staff and consultants only to the extent necessary to evaluate the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

EMS EDUCATION AND THE ADA

Enforcer Educational Services does not set policy for any other educational institutions regarding appropriate accommodations in the classroom. However, in the interests of public protection and appropriate counseling of prospective EMS students, coordination of National Registry, Texas DSHS, and educational accommodation policies is critical. As EMS educators, we seek guidance from the Disabilities support services connected with our educational institution. As an independent education program that is not sponsored by an institution with disability support, Enforcer Educational Services regularly contacts their State EMS Office for advice. Furthermore, as educators, Enforcer Educational Services abides by the following guidelines:

Educators should request documentation of the disability be sent to the school's disability coordinator. Accommodations provided in the classroom setting should be approved in consultation with the disability coordinator and a disability expert (generally an educational psychologist).

Students who have stated they have a disability and are seeking an accommodation during an education program should follow Enforcer Educational Services' policies and procedures in order to have the accommodation met.

REQUESTING AN ACCOMMODATION

Enforcer Educational Services' education programs have several components including a classroom portion, cognitive exams, and psychomotor examinations, where candidates must perform competently some psychomotor aspects of the job of an EMT.

Candidates requesting accommodations should follow the “How to request an accommodation” step by step guide in the section below. Following these steps, including the timely submission of appropriate documentation, will facilitate Enforcer Educational Services’ review regarding appropriate accommodations.

Although each accommodation request is analyzed separately, some general principles guide Enforcer Educational Services’ decisions. Documentation must be current and provided by a qualified professional. Documents will be reviewed by Enforcer Educational Services’ consultants and approval of accommodations must be obtained by Enforcer Educational Services.

Enforcer Educational Services administers courses and examinations in English only and does not provide accommodations for English language learners or individuals with limited English proficiency as they are not considered disabled under the ADA.

The psychomotor examination evaluates necessary skills and simulations of skills required of an EMT. Use of assistive devices on the psychomotor examination to assist disabled persons to demonstrate psychomotor competency may be permitted provided these same assistive devices can be used safely and effectively on the job. Prior approval of use of any of these devices on an Enforcer Educational Services’ psychomotor examination must be obtained. Decisions cannot be made at the time of the examination. Documentation of a physical disability must be submitted in accordance with Enforcer Educational Services’ guidelines in a timely manner.

RESPONSE AND ROLE REGARDING DISABILITIES

Enforcer Educational Services is committed to the provision of reasonable accommodations which do not compromise the ability of its certification tests to evaluate a candidate’s ability to safely and effectively perform the critical tasks in the provision of EMS care. The program(s) provided by Enforcer Educational Services attest to a standard of care in the interest of public protection. Accordingly, these standard guides the accommodations that can be made for candidates taking an Enforcer Educational Services’ course. Enforcer Educational Services also recognizes that each disability is unique to the individual and all decisions regarding reasonable accommodation are evaluated on a case-by-case basis.

Enforcer Educational Services is an approved education program through Texas Department of State Health Services but does not issue a state license or permit to work. While we do our best to cover as many aspects of pre-hospital care, not all aspects of an EMT’s job are covered in the National Registry cognitive or psychomotor examinations. Accordingly, the state licensing agencies will continue to have the responsibility and authority to determine an applicant’s ability to safely and effectively provide EMS services with respect to those physical and mental skills not tested on National Registry certification examinations.

ABOUT THE AMERICANS WITH DISABILITIES ACT

The Americans with Disabilities Act (ADA) is designed to eliminate unnecessary barriers to people with disabilities in the areas of employment, transportation, public accommodations, public services, and telecommunications. This comprehensive federal act has many sections that affect builders, state and local governments and employers. Title III of the ADA specifically assures that certification test sponsors and education programs must provide appropriate accommodations to otherwise qualified candidates so as to permit candidates to be tested on their true abilities.

HOW TO REQUEST AN ACCOMMODATION

If you are requesting an accommodation on any level in an Enforcer Educational Services program course, you must complete the following steps: If you are requesting an accommodation on any level in an Enforcer Educational Services program course, you must complete the following steps:

1. Review and Complete the following document:
 - Accommodations Questionnaire
2. Email the following documents to info@enforcereducation.com **at the time of the class start date:**
 - Completed and signed Accommodations Questionnaire
 - A letter from an appropriately credentialed professional, such as an educational psychologist with (1) the diagnosis of your disability, (2) specific disability symptoms, and (3) recommendations for accommodations (**This information should be written on professional letterhead, dated, and signed**)
 - Psychological evaluation, signed comprehensive assessment report, and accompanying standard scores
 - Evidence of previously approved accommodations
 - A personal statement written by you describing your disability and its impact on our daily life and educational functioning

*Please note: Some accommodations requests may require additional documentation

3. Enforcer Educational Services will send you an email to confirm receipt of your documentation and follow up with an Accommodations Letter indicating whether your request has been granted.

4. Once all documents are reviewed, Enforcer Educational Services will send you an Accommodations Letter if it has determined to approve your accommodation. If it is not approved, you will receive a letter of notification explaining the denial.

5. If you have any questions, contact Enforcer Educational Services at info@enforcereducation.com

Disabilities Accommodations Request (completed by those requesting an accommodation)

Name	Phone No
Email	DOB
Address	

To facilitate Enforcer Educational Services' processing of your request for an application, please provide:

- a. All requested documents in support of your request (see the Enforcer Educational Services ADA Policy for specific information as to requested documentation)
- b. A personal statement describing your ability and its impact on your daily life and educational functioning.

What is the nature of your disability? Please check the appropriate box				
Learning Disability ()	Psychiatric Disability ()	Physical Disability ()	ADHD ()	Other ()
What accommodations are you requesting? :				
List any prior classroom or test accommodations that you have received. Please include any accommodations you received while attending elementary or secondary school, and/or college:				

Certification/Authorization

I certify that the above information is true and accurate. If the accommodation granted includes extended time for the standard testing time schedule, , I agree that from the time I begin my examination until I have completed it, I will not communicate in any way with any other individuals taking the examination about the content of the examination.

Signature: _____

Authorization for Release of Information

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

Signature: _____