

**REQUEST FOR CERTIFYING PROFESSIONAL'S DOCUMENTATION
for an EMOTIONAL SUPPORT ANIMAL (ESA)**

The student below has requested an Emotional Support Animal (ESA) in their residence hall. You were identified as the professional (physician, psychiatrist, mental health worker) who has been/is currently treating the student and are thus able to provide *objective findings* that clearly specify an established a nexus between the individual's disability and the support the animal provides. This will assist the University in its decision whether to waive its no pets policy considering the Housing and Urban Development's (HUD) regulations regarding assistance animals in residential dwellings. We accept documentation from providers in either Rhode Island or the student's home state, only. So that we may better evaluate the student's request for this accommodation, please answer the following questions (questionnaires not filled out completely will result in a delay in processing and a potential denial of the student's request). Please note that letters purchased over the internet based on limited contact between a student and provider in a relationship begun for the sole purpose of obtaining ESA documentation, do not provide the information necessary to support the request for accommodation. PLEASE WRITE LEGIBLY:

Student's Name: _____ **D.O.B.** _____ **Today's Date:** _____

Information about the Student's Condition:

Does this student have a mental or physical impairment that substantially limits one or more major life activities?¹
YES NO

What is the student's medical or DSM 5 diagnosis? _____

Does the student require ongoing treatment? YES NO

If yes, please describe a documented history of the diagnosis along with prior and current treatments and frequency:

In what way(s) does the student's condition substantially limit their ability to benefit fully from *university* housing?
(Please identify impairment(s) in functioning specifically related to residential living.)

Initial date of contact with student: _____

How often did/do you meet with the student (per week, month or other)? _____

If contact has ended, when was the last visit? _____

Information about the Proposed ESA:

Proposed ESA:

Animal's name (if known): _____ Type of animal: _____

Animal's age: Baby Young Adult Aging

Is the animal housebroken or trained to a litter area? YES NO

Is the animal under the student's complete control? YES NO (explain why): _____

Is the animal the student's or the family's pet? YES NO OTHER: _____

Is the animal a part of ongoing treatment for the student (i.e., pet assisted therapy)? YES NO

If 'Yes', please describe: _____

If 'No', what symptoms of the student do you believe will be reduced by the ESA that cannot be as easily obtained through other means (e.g. therapy, medication, etc.)?

What evidence can you provide that an ESA has helped this student in the past or currently?

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus?

___ Unimportant ___ Mildly Important ___ Moderately Important ___ Extremely Important

What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? YES NO OTHER: _____

Could those additional responsibilities exacerbate the student's symptoms in any way? YES NO (If 'Yes', please explain):

Provider information (required):²

Name (print): _____

Professional Signature: _____

Professional Title or Role: _____

License #: _____ State: _____

Please return this document to:

Disability Services

Salve Regina University

100 Ochre Point Ave., Newport RI 02830

Office: 401-341-3150; Fax: 401-341-2912

Email: disabilityservices@salve.edu

¹ The ADA defines a disability as "a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment" (www.ada.gov/cguide.htm).

² The University reserves the right to contact professionals at a later date with further questions.