



Disability Resources
100 College Drive
Allentown, PA 18104
610-606-4666 ext. 4462

Emotional Support Animal Request (ESA) Clinical Professional/Health Care Provider Documentation Form

The following student has requested the use of an Emotional Support Animal (ESA) in campus housing as an accommodation. Such an accommodation may be appropriate when there is an identifiable relationship, or nexus, between the student's functional limitations due to a disability and the therapeutic need for the animal in ameliorating those limitations.

TO BE COMPLETED BY THE STUDENT REQUESTING AN ESA

By signing below, I consent to allowing my health care provider to share (for the next 60 days) any information relevant to my need for an ESA as an accommodation, as shown on this form, with staff from the Disability Resources office of Cedar Crest College.

Student Signature: _____ Date: _____

Student Name (Print): _____ Student ID: _____

Student Birthdate: _____

REQUEST FOR INFORMATION FROM PROVIDER

The above-named student has indicated that you are the health care provider who has recommended that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. In order to evaluate and verify the necessity for an ESA, documentation from the qualified practitioner (psychiatrist, psychologist, clinical social worker, licensed counselor), who has an established, on-going, therapeutic relationship with the student, is necessary.

Generally, the provider must be licensed either in Pennsylvania or the student's home state, cannot be related to the student and cannot be in a dual relationship with the student. The provider must have personal knowledge of the student, consistent with their professional obligations. Letters purchased from internet businesses, for a set price, rarely provide the information necessary to support an ESA request.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer, for sale, documentation that is not reliable for purposes of determining whether or not an individual has a disability or disability-related need for an ESA. The operators of such websites, and healthcare professionals who consult with them, lack the personal knowledge that is required to make such determinations.

The health care provider need not use this specific form; however, all the information requested within this form is necessary for consideration of the student's ESA request. The form is provided as a convenience.

TO BE COMPLETED BY THE PROVIDER

Information About the Student's Disability

Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student's mental health impairment (that is, how is the student **substantially limited**)?

Does the student require ongoing treatment?

When did you first meet with the student regarding this mental health impairment?

When did you last interact with the student regarding this mental health diagnosis? (not counting the student's request for ESA documentation)

Information About the Proposed ESA

Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

Student's Proposed ESA (if identified to provider): _____

Type/Breed of animal: _____ Age of animal: _____

Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

If the named animal is not one you have prescribed, what type of animal are you recommending (as an Emotional Support Animal) for the student and why?

Please identify and describe the student's symptoms and/or functional impairments will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

Is there evidence that an ESA has helped this student in the past or is currently helping the student? If so, how?

Importance of ESA to Student's Well-Being

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

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

This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the College residence halls. Has the student shared those restrictions with you? Yes/No

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

PROVIDER CONTACT INFORMATION

Signature of Treating Professional: _____ Date: _____

Name of Treating Professional (please print): _____

License Number: _____ Type of License: _____ State of Licensure: _____

Name of Medical/Psychiatric Practice: _____

Address of Practice: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Please return to:

Dir. of Learning & Disability Resources
Cedar Crest College
100 College Drive
Allentown, PA 18104