
Request for Lactating Individual Accommodations PROVIDER FORM

This form should be returned to the candidate for upload to the online application.

I, _____ (printed name of candidate), hereby authorize and request the provider identified below to release the information requested by AOTA and the Occupational Therapy Advanced Certification Commission (OTACC) relating to my accommodation request to sit for AOTA's Advanced Certification examination.

Candidate Signature: _____

Date: _____

The candidate/patient identified above is requesting lactating individual accommodations to sit for an AOTA Advanced Certification examination. OTACC's accommodation policy requires candidates requesting accommodation to submit current documentation from a licensed health care provider. The candidate is requesting that you provide such documentation; you should submit your evaluation on your professional letterhead.

Your documentation should identify (i) the patient's date of delivery, (ii) the last time you saw the patient, and (iii) that the patient is currently lactating/nursing. Lastly, please sign the statement below and include it along with your evaluation.

Provider Declaration

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Signature: _____

Name (please print): _____

Date: _____

Address: _____

Telephone: _____

State License #: _____