



Eligibility and Accommodation

Prior to taking any course with 911Programs, students must read the Accessibility and Disability Guidelines sheet and the RI Division of EMS Disability Accommodations sheet, then complete this form.

Student's Name _____

ALL Students: I have read the Accessibility and Disability Guidelines, and the RI Division of EMS Disability Accommodations sheets.

Initial ONE of the following paragraphs - Do not initial both.

_____ I attest that I am **NOT** declaring a need for special testing or other accommodations based on a documented disability.

_____ I attest that I **AM** declaring that I have a need for special testing or other accommodations and that I will be submitting a written note of the accommodations needed with supporting documentation as outlined in the documents above.

Brief summary of disability / accommodation needed _____

Signature _____

Date _____

EMS Students only: I have read the functional job description of an EMT/EMT-C/Paramedic.

Initial ONE of the following paragraphs - Do not initial both.

_____ I have no conditions that would preclude me from safely and effectively performing all the functions of the level of EMT/EMT-C/Paramedic for which I am seeking Rhode Island Licensure.

_____ I will be submitting a request for an accommodation for the Rhode Island State Written license examination. I understand that I must contact the Center for EMS no later than 6 weeks from the start of the EMS training program.

Signature _____

Date _____