

**Georgia Board of Hearing Aid
Dealers & Dispensers
237 Coliseum Drive
Macon, Georgia 31217-3858
478-207-2440**

REQUEST FOR DISABILITY ACCOMMODATION

If you have indicated that you may require an accommodation, under the American with Disabilities Act of 1990 as amended (**Public Law 101-336**), to take the practical examinations and/or meet licensure requirements. In order for the Board to consider your request for accommodation, your healthcare professional must submit acceptable documentation of your disability and proposal for accommodation directly to the Board.

**RETURN THE ORIGINAL FORM ALONG WITH YOUR APPLICATION FOR
LICESNURE, DIRECTLY TO THE BOARD AT THE ADDRESS ABOVE**
*(NOTE: PLEASE MAKE A COPY OF THIS FORM FOR YOUR HEALTHCARE
PROFESSIONAL TO SUBMIT AS REQUIRED BELOW)*

Please have the professional who documents your disability provide a current statement of the disability and a specific proposal for accommodation as it relates to your disability, and, mail their reports along with a copy of this form to the Board office at the following address:

GA HADD Board, 237 Coliseum Drive, Macon, Georgia 31217-3858

Please note that . . .

- your documentation **must** be from a physician, mental health professional, or other professional with expertise directly related to your disability;
- the professional **must** have proper credentials to properly diagnose your disability;
- the professional's statement **must** be on the professional's letterhead, include the address, and phone number of the professional;
- the specific proposal for accommodation **must** relate directly to your disability.

In addition, please include any information regarding accommodation(s) for your disability that you may have received in the past.

Note: If you are reapplying to take the examination, have previously submitted the documentation and proposal for accommodation, **and** are requesting the same accommodations as on your previous application you will only need to complete and submit this form along with your application..

Applicant Name: _____ Date: _____

LICENSE APPLIED FOR: **Hearing Aid Dispenser**

PROFESSIONAL SUBMITTING DOCUMENTATION OF A DISABILITY:

PROFESSIONAL'S TELEPHONE #: (_____) _____