



California State Board of Pharmacy
 2720 Gateway Oaks Drive, Suite 100
 Sacramento, CA 95833
 Phone: (916) 518-3100 Fax: (916) 574-8618
 www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
 Department of Consumer Affairs
 Gavin Newsom, Governor



PROFESSIONAL EVALUATION/DOCUMENTATION OF DISABILITY/CONDITION

USE OF THIS FORM BY AN EVALUATOR IS OPTIONAL. HOWEVER, IF THIS FORM IS NOT USED, ALL THE INFORMATION REQUESTED SHOULD BE PROVIDED ON ORIGINAL LETTERHEAD STATIONERY OF THE EVALUATOR.

 Name of Applicant

 Name of Evaluator

 Type of Professional License or Certification Number

1. Describe the credentials and experience, which qualify you, the evaluator, in the area of practice relative to the specific disability or condition to make the determination of the disability and the recommended accommodation. (See Section III.)

2. Does the applicant have a mental or physical disability or medical condition? _____ Yes _____ No

3. Describe the candidate's type of mental or physical disability or medical condition. If applicable, please include DSM Code, date of assessment, the tests used to diagnose the disability or medical condition, and a summary of the interpretation of the test results.

4. Describe the nature and extent of the disability or condition (e.g., hearing impaired, diabetic, dyslexia; severe, moderate, mild), how the disability or condition limits one or more of the candidate's major life activities, and if the disability will change in any way over time.

5. What is the recommended accommodation and how does the accommodation relate to the candidate's disability or condition given the format of the examination? Please be specific (e.g., if additional time is needed, indicate how much; if additional breaks, how many and with what frequency).

6. Describe any past accommodations you have received for this disability or condition. For what purpose or examination were the accommodations provided for you and who evaluated you for purposes of receiving the accommodation?

 Signature of Evaluator

 Date

 Printed Name of Evaluator

 Business Telephone Number