



# D & S Diversified Technologies

333 Oakland Avenue, Findlay, OH 45840

Toll Free 877-201-0758 – Fax 419-422-8328

**PROVIDING CNA TESTING SOLUTIONS THROUGHOUT DELAWARE**

You must submit documentation from the *health care provider or learning specialist* who rendered a disability diagnosis. Documentation must include the following:

- **Description of the disability and limitations related to testing.**
- **Recommended accommodation(s).**
- **Name, title, telephone number and signature of the Health Care Provider, Learning Specialist or instructor.**

**OR** if you were granted testing accommodations for tests during your Nursing Assistant Training Program, you must complete this form and have your *primary instructor* verify any granted accommodations. The primary instructor must sign this form to verify previously granted accommodations.

D & S Diversified Technologies will consider all requests on a case-by-case basis. It may be necessary for testing staff to speak and correspond with you regarding specific arrangements. Therefore, it is IMPORTANT that you provide a current address and daytime telephone number and keep D&S DT staff informed if these change.

In order to provide testing accommodations, D & S Diversified Technologies must share the information you provide with the Delaware Department of Health, the Test Observer, and the Test Site coordinator. The information requested above and any documentation regarding your disability is considered strictly confidential and will be shared only with the parties listed above. Your signature below indicates that you understand this and that you give permission to D & S Diversified Technologies to share your information as declared herein.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that I was the above candidate's *primary instructor*, and that I provided the accommodations detailed herein during said candidate's Nursing Assistant Training Program.

Primary Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Second signature necessary only if primary instructor was different for classroom and clinical training

