



# D & S Diversified Technologies

333 Oakland Avenue, Findlay, OH 45840

Toll Free 877-201-0758 – Fax 419-422-8367

**PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE**

*For all requests pertaining to a medical or physical disability, you **must** submit documentation from a **health care provider or learning specialist** who rendered a disability or diagnosis. The required 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, due to a learning disability, for tests during your Nursing Assistant Training Program, you must complete this form with your **primary instructor** of the program verifying these accommodations. The primary instructor must sign this form verifying these 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 the staff informed if these change. **Any specialized equipment required for testing must be provided by the candidate unless previously notified by D & S.**

In order to provide testing accommodations, D & S Diversified Technologies must share the information you provide with the Tennessee 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 you give permission to D & S Diversified Technologies to do so.

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