

Students requesting to reside with an Emotional Support Animal (ESA) in on-campus housing must submit documentation from a qualified provider with whom they have an existing clinical relationship. Information may be provided using this documentation form or a separate letter that provides the information listed in the ESA Documentation Guidelines. Students should also submit the online application through the Office of Accessibility.

Generally, documentation from health care professionals who review emotional profiles and create template ESA letters for public housing and air carriers, or who have had no contact with the individual except for limited encounters that were specifically intended to produce an ESA letter do not provide the necessary information. As of November 2019, The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The Office of Accessibility neither requires nor recognizes an ESA “license,” “certificate,” or “vest” as the basis for establishing the legitimacy of an ESA.

Student should complete this portion of the form

Student Name (First & Last)

Preferred Name

Student ID

Email Address

Phone Number

By signing below, I consent that my provider may share information relevant to my need for an ESA as an accommodation, as indicated on this form, with the Office of Accessibility at UNC Asheville.

Signature

Date

Provider should complete the remainder of this form

Provider Name (First & Last)

Email Address

Phone Number

Professional Title

License Number

Type of Licensure

State of Issue

Clinical Information

1. Diagnosis for which you treat the student:

Diagnosis Name

DSM or ICD Code

Diagnosis Name

DSM or ICD Code

Diagnosis Name

DSM or ICD Code

Diagnosis Name

DSM or ICD Code

Diagnosis Name

DSM or ICD Code

2. Date of initial clinical contact with student: _____

3. Date of last clinical contact with student: _____

4. Approximate number of sessions with this student in a clinical capacity:

- 1
 2-3
 4-9
 10 or more

5. Please describe the nature of your clinical relationship with the student.

6. Are you making the recommendation for the ESA based on the diagnosis for which you treat the student?

- Yes
- No
- Other:

7. What assessment strategies did you use to arrive at the above diagnosis? (check all that apply)

- Formalized assessment tools (Ex., GAD-&, PHQ-9, etc.)
- Observed symptom mitigation following the introduction of an animal
- Structured or unstructured interviews with student
- Student self-report
- Behavioral observations
- Review of previous records
- Other:

8. Please describe the day to day activities that are significantly impacted as a result of the diagnosed condition (e.g., caring for oneself, sleeping, learning, concentrating, etc.)

9. Current treatment plan prescribed for student (check all that apply)

Individual/Group therapy

Frequency: _____

Medication management

Current medications: _____

Emotional Support Animal

Other: _____

Emotional Support Animal (ESA) Evaluation

10. Describe the student’s current relationship with the requested Emotional Support Animal.

Student has an existing relationship with an animal

Student does not have an animal

Other:

11. Please provide specific examples of how this animal functions as treatment or mitigates the student’s specific symptoms (E.g., explain how the animal reinforces activities of daily living, assists with emotional regulation, etc.)

12. In your professional opinion, how important is it to the student’s well-being that an ESA be approved?

13. Accommodations are approved to address barriers that disabled individuals may encounter in their environment. Describe how the ESA will provide the student with equal access to their on campus living environment.

Provider Signature

Date

All ESA documentation should be submitted to the Office of Accessibility:

120 Zageir, CPO# 1955
One University Heights
Asheville, NC 28804

Phone: 828- 251-6292 (NC Relay: 711)
Fax: 828-251-6492
academicaccess@unca.edu