

STATEMENT OF NON-DISCRIMINATION AND ACCOMMODATION

Skinworks School of Advanced Skincare (“the School”) does not discriminate on the basis of disability. Individuals with disabilities are entitled to a reasonable accommodation to ensure that they have full and equal access to the School’s educational resources, consistent with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794) (“Section 504”) and the Americans with Disabilities Act (42 U.S.C. § 12182) (“ADA”), their related statutes and regulations, and corresponding state and local laws.

Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance. The ADA prohibits a place of public accommodation from discriminating on the basis of disability. The applicable law and regulations may be examined in the office of the ADA Compliance Coordinator, or his/her trained designee who has been designated to coordinate the efforts of the school to comply with Section 504 and ADA.

ADA COMPLIANCE COORDINATOR:

Darlin Garay, darlin@skinworks.edu, 801.530.0001 ext. 107

REQUESTS FOR ACCOMMODATION

Individuals with disabilities wishing to request an accommodation must contact the ADA Compliance Coordinator. A disclosure of a disability or a request for accommodation made to any staff, faculty, or personnel other than the ADA Compliance Coordinator will not be treated as a request for an accommodation. However, if a student discloses a disability to such an individual, the individual is required to direct the student to the ADA Compliance Coordinator. Upon request, the ADA Compliance Coordinator (or his/her trained designee) will provide a student or applicant with a **Request for Accommodations form**, which is also available on the www.skinworks.edu/disclosures under the Consumer Disclosure button. To help ensure timely consideration and implementation, individuals making a request for an accommodation are asked to contact the ADA Compliance Coordinator and/or submit a Request for Accommodations form at least two weeks prior to when the accommodation is needed.

Individuals requesting reasonable accommodation may be asked to provide medical documentation substantiating his/her physical and/or mental impairment(s) and/or the need for the requested accommodation(s), including but not limited to when the limitation or impairment is not readily apparent and/or a requested accommodation does not clearly relate to the impairment(s). Such documentation should specify that a student has a physical or mental impairment and how that impairment substantially limits one or more major life activities. In general, the supporting documentation must be dated less than three years from the date a student requests a reasonable accommodation, and must be completed by a qualified professional in the area of the student’s disability, as enumerated below:

DISABILITY	QUALIFIED PROFESSIONAL
Physical disability	MD, DO
Visual impairment	MD, ophthalmologist, optometrist
Mobility, orthopedic impairment	MD, DO
Hearing impairment	MD, Audiologist (Au.D) *audiology exam should not be more than a year old
Speech and language impairment	Licensed speech professional
Learning disability	PhD Psychologist, college learning disability specialist, other appropriate professional
Acquired brain impairment	MD neurologist, neuropsychologist
Psychological disability	Psychiatrist, PhD Psychologist, LMFT or LCSW
ADD/ADHD	Psychiatrist; PhD Psychologist, LMFT or LCSW
Other disabilities	MD who practices or specializes within the field of the disability.

Documentation used to evaluate the need and reasonableness of potential accommodations may include a licensed professional's current medical diagnosis and date of diagnosis, evaluation of how the student's disability affects one or more of the major life activities and recommendations, psychological and/or emotion diagnostic tests, functional effects or limitations of the disability, and/or medications and recommendations to ameliorate the effects or limitations. The School may request additional documentation or testing as needed.

After the ADA Compliance Coordinator receives the Request Form and the required documentation, the ADA Compliance Coordinator (or trained designee) will engage the student or applicant in an interactive process to determine what accommodations may be appropriate.

If the student or applicant is denied any requested accommodation, the student may file a grievance using the Grievance Process below or the student may file a complaint with the U.S. Department of Education's Office for Civil Rights or a similar state entity. The School will make appropriate arrangements to ensure that a person with a disability is provided other accommodations, if needed, to participate in this grievance process. The ADA Compliance Coordinator will be responsible for such arrangements.

GRIEVANCE POLICY RELATING TO COMPLAINTS OF DISABILITY DISCRIMINATION

The School has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 and/or the ADA. Any person who believes they has been subjected to discrimination on the basis of disability, including disagreements regarding requested accommodations, may file a grievance with Natalie Parkin, School President, 2121 South 230 East SLC UT 84115, 801.530.0001 ext 105, natalie.parkin@skinworks.edu. Grievances must be in writing, contain the name and address of the person filing it, state the problem or action alleged to be discriminatory, and the remedy or relief sought.

The School will investigate each complaint filed, and will not retaliate against anyone who files a grievance or cooperates in the investigation of a grievance. All reasonable efforts will be made to provide a written determination to the student or applicant within 30 days after its filing. If a written determination cannot be made within 30 days of the complaint's filing, the student will be advised and provided an update as to the status of the investigation. The student may also inquire as to the status of the investigation at reasonable intervals. Based on the results of the investigation, the School will take all appropriate actions to prevent any recurrence of discrimination and/or to correct any discriminatory effects.

The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U. S. Department of Education's Office for Civil Rights and/or a similar state agency.

NAME: _____ STUDENT ID# _____

TELEPHONE: _____ E-MAIL: _____

ADDRESS: _____

Please identify the nature of your physical and/or mental impairment(s) for which you are requesting accommodation(s):

Please identify how your physical and/or mental impairment(s) will affect your ability to satisfy School requirement(s):

Please identify the accommodation(s) you are requesting:

Verification of Need: You may be asked to provide medical documentation substantiating your physical and/or mental impairment(s) and/or the need for the requested accommodation(s), including but not limited to when the limitation or impairment is not readily apparent and/or a requested accommodation does not clearly relate to your impairment(s). An Authorization and Verification form is available for your convenience from *Darlin Garay, 801.530.0001 ext. 107* or www.skinworks.edu/disclosures but you may submit other appropriate medical documentation. The medical documentation should be current (less than 3 years old) and be from a certified or licensed medical professional trained in the field of your disability (see the *Disability Accommodation & Grievance Policy located in the Catalog* for more information). Any information you provide will be kept confidential and used solely to determine that the accommodation is needed.

Providing the Accommodation: We will provide a written response within 14 days of receiving your completed Request for Reasonable Accommodation(s) form and any supporting documentation. If you do not agree with the decision, you may appeal the decision through the grievance procedure within the Disability Accommodation & Grievance Policy.

Requesting Individual's Signature

Date

CONFIDENTIAL