ACCOMMODATION REVIEW COMMITTEE – DECISION NOTIFICATION

DATE

Accommodation request for ________________________________ was reviewed by the Accommodation Review Committee on ____________________________ and

☐ Approved – See Comments.

☐ Not approved – See Comments.

☐ Deferred at this time – See Comments.

Comments:

If you do not agree with the ARC decision, you have the right to appeal the decision within 10 days using DOC 13-584 Patient Appeal of Accommodation Review Committee Decision.

PLEASE CONTACT YOUR FACILITY ADA COORDINATOR IF YOU HAVE ANY QUESTIONS

ADA COORDINATOR SIGNATURE

DATE

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