

HEALTHCARE PROFESSIONAL VERIFICATION

Print (Patient's) Name: _____

You must be a licensed healthcare professional in order to complete this form. BRAG will use the Utah Division of Occupational and Professional Licensing database as part of our verification process.

HEALTHCARE PROFESSIONAL VERIFICATION SECTION (type or print in ink)

Healthcare Provider's name: _____

Healthcare Provider's Address: _____ Zip: _____

License Number: _____ Telephone Number: _____ - _____ - _____

DURATION OF IMPAIRMENT: I estimate the duration of the impairment will be:

_____ Permanent (no expectation to improve)

_____ Temporary, indicate anticipated length of impairment _____

TYPE OF IMPAIRMENT

Blindness: There is central visual acuity of 20/200 or less in the better eye with the use of correcting lenses. An eye which accompanied by limitation in the field of vision such that the widest diameter of the visual field subtends an angle of greater than 20 degrees, shall be considered as having central visual acuity of 20/200 or less.

Hearing Impairment: With hearing aid, hearing is not restored to one of the following levels:

- Average hearing threshold sensitivity for air conduction of 90 decibels or greater, and for bone conduction to corresponding maximum level in the better ear, determined by the simple average of hearing threshold levels at 500, 1000 and 2000 Hz or above.
- Speech discrimination scores of 40% or less in the better ear.

Mobility Impairment Disorder of Gait: For whatever reason, the person is unable to achieve community mobility (at all times) without the use of some type of mobility device. The word "unable" is used in its literal sense.

Cognitive or Learning Disability: The scores specified below refer to those obtained on the WAIS and are used only for reference purposes. Scores obtained on other standardized and individually administered tests are acceptable but the numerical values obtained must indicate a similar level of intellectual functioning.

- The person is mentally incapacitated such that he/she is dependent upon others for personal needs (e.g. toileting, eating, dressing or bathing) AND is unable to follow direction or is not capable of judgment or decision-making that may result in risk of health and safety of the person and/or others.
- Based on a valid verbal, performance or full scale IQ test, the person has an IQ of 59 or less.
- Based on a valid verbal, performance or full scale IQ test, the person has an IQ of 60-70 AND is unable to perform routine repetitive tasks or has a physical or other mental impairment imposing additional and significant limitations of mobility or gait.

(Continued on other side)

Serious Mental Illness: The applicant currently meets the criteria for a DSM-IV diagnosis other than (i) alcohol or drug disorders, (ii) developmental disabilities, (iii) dementia or mental disorders due to general medical conditions, except those with predominant psychiatric features, or (iv) social conditions (V-codes).

I have examined the applicant (fully identified in the Applicant's Section of this application). It is my opinion that he/she has impairment(s) that fall within the meaning of the terms set forth in this document.

Healthcare Professional: _____ Date _____
Print Name

Healthcare Professional's Signature: _____