

STATE OF MINNESOTA  
Minnesota Board of Medical  
Practice  
Affirmative Action Plan

**August 2016 – August 2018**

2829 University Avenue SE, Suite 500  
Minneapolis, MN 55414

This document can be made available upon request in alternative formats by contacting Lois Kauppila at [Lois.Kauppila@state.mn.us](mailto:Lois.Kauppila@state.mn.us) or 612-548-2147.

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## I. STATEMENT OF COMMITMENT

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This statement reaffirms the Minnesota Board of Medical Practice is committed to Minnesota's statewide affirmative action efforts and providing equal employment opportunity to all employees and applicants in accordance with equal opportunity and affirmative action laws.

I affirm my personal and official support of these policies which provide that:

- No individual shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, sexual orientation, disability, marital status, status with regard to public assistance, or membership or activity in a local human rights commission.
- This agency is committed to the implementation of the affirmative action policies, programs, and procedures included in this plan to ensure that employment practices are free from discrimination. Employment practices include, but are not limited to the following: hiring, promotion, demotion, transfer, recruitment or recruitment advertising, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. We will provide reasonable accommodation to employees and applicants with disabilities.
- This agency will continue to actively promote a program of affirmative action, wherever minorities, women, and individuals with disabilities are underrepresented in the workforce, and work to retain all qualified, talented employees, including protected group employees.
- This agency will evaluate its efforts, including those of its directors, managers, and supervisors, in promoting equal opportunity and achieving affirmative action objectives contained herein. In addition, this agency will expect all employees to perform their job duties in a manner that promotes equal opportunity for all.

It is the agency's policy to provide an employment environment free of any form of discriminatory harassment as prohibited by federal, state, and local human rights laws. I strongly encourage suggestions as to how we may improve. We strive to provide equal employment opportunities and the best possible service to all Minnesotans.

Executive Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## II. INDIVIDUALS RESPONSIBLE FOR DIRECTING/IMPLEMENTING THE AFFIRMATIVE ACTION PLAN

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### A. Commissioner or Agency Head

Ruth Martinez, Executive Director

The Executive Director is responsible for oversight of the policies contained in this Affirmative Action Plan and complying with all federal and state equal opportunity laws and regulations.

#### **Accountability:**

The Executive Director is accountable directly to Governor through the Board of Medical Practice, and indirectly to the Minnesota Management and Budget Commissioner on matters pertaining to equal opportunity and affirmative action.

### B. Affirmative Action Officer or Designee

Cindy Greenlaw Benton, Human Resources Specialist 3  
Minnesota Health-Related Licensing Boards, Administrative Services Unit

#### **Responsibilities:**

The Affirmative Action Officer or designee is responsible for implementation of the policy's contained in the agency's affirmative action plan, and oversight of the agency's compliance with equal opportunity and affirmative action laws.

### C. Americans with Disabilities Act Coordinator or Designee

Cindy Greenlaw Benton, Human Resources Specialist 3  
Minnesota Health-Related Licensing Boards, Administrative Services Unit

#### **Responsibilities:**

The Americans with Disabilities Act Coordinator or designee is responsible for the oversight of the agency's compliance with the Americans with Disabilities Act Title I – Employment and Title II – Public Services, in accordance with the Americans with Disabilities Act - as amended, the Minnesota Human Rights Act, and Executive Order 96-09.

### D. All Employees

#### **Responsibilities:**

All employees are responsible for conducting themselves in accordance with the agency's equal opportunity and Affirmative Action Plan and policies.

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### III. POLICY PROHIBITING DISCRIMINATION AND HARASSEMENT

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Discrimination and discriminatory harassment are strictly prohibited.

Sexual harassment in any form is strictly prohibited. Sexual harassment is a type of sex discrimination. Individuals who believe they have been subject to discrimination, discriminatory harassment, or sexual harassment are encouraged to file a complaint with an appropriate authority. Any form of retaliation directed against an individual who complains about discrimination, discriminatory harassment, or sexual harassment or who participates in any investigation concerning discrimination, discriminatory harassment, or sexual harassment is strictly prohibited and will not be tolerated. Violations of this policy by State employees will be subject to discipline, up to and including discharge. Violations of this policy by third parties will be subject to appropriate action.

This policy applies to all employees of, and third parties who have business interactions with, executive branch agencies and the Office of the Legislative Auditor, Minnesota State Retirement System, Public Employee Retirement System, and Teachers' Retirement System.

#### Definitions

**Complainant:** An individual who complains about sexual harassment or retaliation.

**Public service environment:** A location that is not the workplace where public service is being provided.

**Sexual harassment:** Unwelcome sexual advances, unwelcome requests for sexual favors, or other unwelcome verbal, written, or physical conduct or communication of a sexual nature.

**Third party:** Individuals who are not State employees but who have business interactions with State employees, including, but not limited to:

- Applicants for State employment
- Vendors
- Contractors
- Volunteers
- Customers
- Business Partners

#### **A. PROHIBITION OF SEXUAL HARASSMENT**

Sexual harassment of any employee or third party in the workplace or public service environment, or which affects the workplace or public service environment, is strictly prohibited.

Sexual harassment under this policy is any conduct or communication of a sexual nature which is unwelcome. The victim, as well as the harasser, can be of any gender. The victim does not have to be of the opposite sex as the harasser. Sexual harassment includes, but is not limited to:

1. Unwelcome sexual innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, degrading sexual remarks, threats;

2. Unwelcome sexually suggestive objects or pictures, graphic commentaries, suggestive or insulting sounds, leering, whistling, obscene gestures;
3. Unwelcome physical contact, such as rape, sexual assault, molestation, or attempts to commit these assaults; unwelcome touching, pinching, or brushing of or by the body;
4. Preferential treatment or promises of preferential treatment for submitting to sexual conduct, including soliciting or attempting to solicit an individual to submit to sexual activity for compensation or reward;
5. Negative treatment or threats of negative treatment for refusing to submit to sexual conduct.
6. Subjecting, or threatening to subject, an individual to unwelcome sexual attention or conduct.

## **B. EMPLOYEE AND THIRD PARTY RESPONSIBILITIES AND COMPLAINT PROCEDURE**

Discrimination and discriminatory harassment, including sexual harassment, will not be tolerated. All employees and third parties are expected to comply with this policy.

Employees and third parties are encouraged to report all incidents of discrimination, discriminatory harassment, and sexual harassment. Individuals are encouraged to report incidents of discrimination, discriminatory harassment, including sexual harassment, as soon as possible after the incident occurs. Individuals may make a complaint of discrimination with:

1. An agency supervisor;
2. The agency's affirmative action officer;
3. An agency's human resource office;
4. Agency management, up to and including the Executive Director.

If the complaint concerns an agency head, the complainant may contact Minnesota Management & Budget, Enterprise Human Resources, Office of Equal Opportunity, Diversity, and Inclusion or the Health-Related Licensing Boards Administrative Services Unit Human Resources.

To ensure the prompt and thorough investigation of a complaint of discrimination, including sexual harassment, the complainant may be asked to provide information in writing, which may include, but is not limited to:

1. The name, department, and position of the person(s) allegedly causing the discrimination;
2. A description of the incident(s), including the date(s), location(s), and the presence of any witnesses;
3. The name(s) of other individuals who may have been subject to similar treatment;
4. What, if any, steps have been taken to stop the discrimination;
5. Any other information the complainant believes to be relevant.

Individuals are encouraged to use the agency's internal complaint procedure, but may also choose to file a complaint externally with the Equal Employment Opportunity Commission (EEOC) and/or the Minnesota Department of Human Rights or other legal channels.

## **C. SUPERVISOR RESPONSIBILITY**

Supervisors are responsible for the following:

1. Modeling appropriate behavior;
2. Treating all complaints of discrimination and discriminatory harassment, including sexual harassment seriously, regardless of the individuals or behaviors involved;
3. When a complaint of discrimination or discriminatory harassment, including sexual harassment, has been made to the supervisor, or when the supervisor is otherwise aware that a problem exists, the supervisor must appropriately respond to the complaint or problem;

4. Immediately report all allegations or incidents of discrimination and discriminatory harassment, including sexual harassment to human resources or the agency Affirmative Action Officer so that prompt and appropriate action can be taken;
5. Complying with their agency's complaint and investigation procedures and/or their Affirmative Action Plan to ensure prompt and appropriate action in response to complaints of discrimination and discriminatory harassment, including sexual harassment.

Supervisors who knowingly participate in, allow, or tolerate discrimination or discriminatory harassment, including sexual harassment or retaliation are in violation of this policy and are subject to discipline, up to and including discharge.

#### **D. HUMAN RESOURCES RESPONSIBILITIES**

Agency human resources offices are responsible for the following:

1. Modeling appropriate behavior;
2. Distributing the sexual harassment policy to all employees, through a method whereby receipt can be verified;
3. Treating all complaints of sexual harassment seriously, regardless of the individual(s) or behaviors involved;
4. Complying with the agency's complaint and investigation procedures and/or their Affirmative Action Plan to ensure prompt and appropriate action in response to complaints of sexual harassment and discrimination.

#### **E. AFFIRMATIVE ACTION OFFICER OR DESIGNEE RESPONSIBILITIES**

Agency Affirmative Action Officer/designee is responsible for the following:

1. Modeling appropriate behavior;
2. Treating all complaints of sexual harassment seriously, regardless of the individual(s) or behaviors involved;
3. Complying with the agency's complaint and investigation procedures to ensure the prompt and appropriate action in response to complaints of sexual harassment and discrimination;
4. Keeping the agency apprised of changes and developments in the law.

#### **F. INVESTIGATION AND DISCIPLINE**

All complaints of discrimination and discriminatory harassment, including sexual harassment, will be taken seriously, and prompt and appropriate action taken. When conducting an investigation, supervisors, human resources, and Affirmative Action Officers must follow their agency's investigation procedures.

Timely and appropriate corrective action will be taken when there is a violation of this policy. Employees who are found to have engaged in discrimination and discriminatory harassment, including sexual harassment in violation of this policy will be subject to disciplinary action, up to and including discharge.

Third parties who are found to have engaged in discrimination or discriminatory harassment, including sexual harassment in violation of this policy will be subject to appropriate action. Appropriate action for policy violations by third parties will depend on the facts and circumstances, including the relationship between the third party and the agency. Agencies may contact MMB Enterprise Human Resources, Office of Equal

Opportunity, Diversity, and Inclusion for assistance in determining appropriate action for third parties. MMB may refer agencies to the appropriate resources, which may include, for example, the Department of Administration with respect to policy violations by vendors or contractors.

Employees who knowingly file a false complaint of discrimination or discriminatory harassment, including sexual harassment will be subject to disciplinary action, up to and including discharge.

### **G. NON-RETALIATION**

Retaliation against any person who reports discrimination or discriminatory harassment, including sexual harassment, or participates in an investigation of such reports is strictly prohibited. Retaliation will not be tolerated. Any employee who is found to have engaged in retaliation in violation of this policy will be subject to discipline, up to and including discharge. Third parties who are found to have engaged in retaliation in violation of this policy will be subject to appropriate action.

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## **IV. COMPLAINT PROCEDURE FOR PROCESSING COMPLAINTS FOR ALLEGED DISCRIMINATION/HARASSMENT**

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The Board of Medical Practice has established the following discrimination/harassment complaint procedure to be used by all employees and applicants. Coercion, reprisal, or intimidation against anyone filing a complaint or serving as a witness under this procedure is prohibited.

### **A. Responsibility of Employees:**

All employees shall respond promptly to any and all requests by the Affirmative Action Officer or designee for information and for access to data and records for the purpose of enabling the Affirmative Action Officer or designee to carry out responsibilities under this complaint procedure.

### **B. Who May File:**

Any employees or applicants who believes that they have been discriminated against or harassed by reason of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age may file a complaint. Employees who are terminated are encouraged to file their internal complaint prior to their actual separation; however, complaints will be taken for a reasonable period of time subsequent to the actual separation date.

### **C. Complaint Procedure:**

The internal complaint procedure provides a method for resolving complaints involving violations of this agency's policy prohibiting discrimination and harassment within the agency. Employees and applicants are encouraged to use this internal complaint process. Retaliation against a person who has filed a complaint either internally or through an outside enforcement agency or other legal channels is prohibited. The Affirmative

Action Officer or designee may contact the Office of Diversity and Equal Opportunity if more information is needed about filing a complaint.

#### **D. Filing Procedures:**

1. The employee or applicant completes the “Complaint of Discrimination/Harassment Form” provided by the Affirmative Action Officer or designee. Employees are encouraged to file a complaint within a reasonable period of time after the individual becomes aware that a situation may involve discrimination or harassment. The Affirmative Action Officer or designee will, if requested, provide assistance in filling out the form.
2. The Affirmative Action Officer or designee determines if the complaint falls under the purview of Equal Employment Opportunity law, i.e., the complainant is alleging discrimination or harassment on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local human rights commission, disability, sexual orientation, or age; or if the complaint is of a general personnel concern. The Affirmative Action Officer or designee shall also discuss other options for resolution, such as the workplace mediation.
  - If it is determined that the complaint is not related to discrimination but rather to general personnel concerns, the Affirmative Action Officer designee will inform the complainant, in writing, within ten (10) working days.
  - If the complaint is related to discrimination, the Affirmative Action Officer or designee will, within ten (10) working days, contact all parties named as respondents and outline the basic facts of the complaint. The respondents will be asked to provide a response to the allegations within a specific period of time, which may be provided through an interview with the Affirmative Action Officer or designee.
3. The Affirmative Action Officer or designee shall then investigate the complaint. At the conclusion of the investigation, the Affirmative Action Officer or designee shall notify the complainants and respondents that the investigation is completed. The Affirmative Action Officer or designee shall then review the findings of the investigation, and apprise the Executive Director of the findings.
  - If there is sufficient evidence to substantiate the complaint, appropriate action will be taken, which will be determined by the Executive Director.
  - If insufficient evidence exists to support the complaint, a letter will be sent to the complainants and the respondents dismissing the complaint.
4. A written answer will be provided to the parties within sixty (60) days after the complaint is filed. The complainants will be notified should extenuating circumstances prevent completion of the investigation within sixty (60) days.
5. Disposition of the complaint will be filed with the Commissioner of the Minnesota Management and Budget within thirty (30) days after the final determination.
6. All documentation associated with a complaint shall be considered investigative data under the Minnesota Government Data Practices Act. The status of the complaint will be shared with the complainants and respondents. After an investigation is completed and all appeals are exhausted, all documentation is subject to the provisions of the Minnesota Government Data Practices Act.
7. All data collected may at some point become evidence in civil or criminal legal proceedings pursuant to state or federal statutes. An investigation may include, but is not limited to, the following types of data:

- Interviews or written interrogatories with all parties involved in the complaint, i.e., complainants, respondents, and their respective witnesses; officials having pertinent records or files, etc.; and
  - All records pertaining to the case i.e., written, recorded, filmed, or in any other form.
8. The Affirmative Action Officer or designee shall maintain records of all complaints and any pertinent information or data for three (3) years after the case is closed.

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## V. REASONABLE ACCOMMODATION POLICY

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The State of Minnesota is committed to the fair and equal employment of individuals with disabilities. Reasonable accommodation is the key to this nondiscrimination policy. While many individuals with disabilities can work without accommodation, other qualified employees and applicants face barriers to employment without the accommodation process. It is the policy of the Board of Medical Practice to reasonably accommodate qualified individuals with disabilities unless the accommodation would impose an undue hardship.

In accordance with the Minnesota Human Rights Act and the Americans with Disabilities Act, as amended, accommodations will be provided to qualified individuals with disabilities when such accommodations are directly related to performing the essential functions of a job, competing for a job, or to enjoy equal benefits and privileges of employment. This policy applies to all applicants, employees, and employees seeking promotional opportunities.

### **Definitions:**

**Disability:** For purposes of determining eligibility for a reasonable accommodation, an individual with a disability is one who has a physical or mental impairment that substantially limits one or more major life activities; or a record of such an impairment; or being regarded as having such an impairment.

**Reasonable Accommodation:** A reasonable accommodation is a modification or adjustment to a job, an employment practice, or the work environment that makes it possible for a qualified individual with a disability to enjoy an equal employment opportunity or to access public services.

Examples of accommodations may include acquiring or modifying equipment or devices, modifying training materials, making facilities readily accessible, modifying work schedules, and reassignment to a vacant position.

Reasonable accommodation applies to three (3) aspects of employment:

- To assure equal opportunity in the employment process;
- To enable a qualified individual with a disability to perform the essential functions of a job;
- To enable an employee with a disability to enjoy equal benefits and privileges of employment; and
- To assure reasonable access to public services.

**Undue hardship:** An undue hardship is an action that is unduly costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of this agency.

## **Procedure for Current Employees and Employees Seeking Accommodation:**

1. This agency will inform all employees that this accommodation policy can be made available in accessible formats.
2. The employee shall inform their supervisor or the ADA Coordinator or designee of the need for an accommodation.
3. The ADA Coordinator or designee may request documentation of the individual's functional limitations to support the request. Any medical documentation must be collected and maintained on separate forms and in separate, locked files. No one other than the ADA Coordinator or designee will be told or have access to medical information unless the disability might require emergency treatment; or, in case of an appeal, the Executive Director may have access to this information. The Executive Director will be provided information regarding limitations in order to determine reasonable accommodation to be provided, but this will not include medical information.
4. When a qualified individual with a disability has requested an accommodation, the employer shall, in consultation with the individual and with the ADA Coordinator:
  - Discuss the purpose and essential functions of the particular job involved. Completion of a step-by-step job analysis may be necessary;
  - Determine the precise job-related limitation;
  - Identify the potential accommodations and assess the effectiveness each would have in allowing the individual to perform the essential functions of the job; and
  - Select and implement the accommodation that is the most appropriate for both the individual and the employer. While an individual's preference will be given consideration, the agency is free to choose among equally effective accommodations and may choose the one that is less expensive or easier to provide.
5. The ADA Coordinator or designee will work with the employee to obtain technical assistance, as needed.
6. The ADA Coordinator or designee will provide a decision to the employee within a reasonable amount of time; and may provide a reasonable accommodation agreement, or letter explaining the decision.
7. If an accommodation cannot overcome the existing barriers or if the accommodation would cause an undue hardship on the operation of the business, the employee and the ADA Coordinator or designee shall work together to determine appropriate action, including whether reassignment may be an appropriate accommodation.

## **Procedure for Job Applicants:**

1. The job applicant shall inform the ADA Coordinator or designee of the need for an accommodation. The ADA Coordinator or designee will discuss the needed accommodation and possible alternatives with the applicant.

2. The ADA Coordinator or designee will make a decision regarding the request for accommodation and, if approved, take the necessary steps to see that the accommodation is provided.

### **Procedure for Individuals Requesting Access to Public Services**

1. The consumer shall inform the ADA Coordinator or designee of the need for an accommodation and shall provide supporting documentation of the disability being claimed.
2. The ADA Coordinator or designee may request documentation of the individual's functional limitations to support the request. Any medical documentation must be collected and maintained on separate forms and in separate, locked files. No one other than the ADA Coordinator or designee will be told or have access to medical information unless the disability might require emergency treatment; or, in case of an appeal, the Executive Director may have access to this information.
3. When a qualified individual with a disability has requested access, the ADA Coordinator or designee shall, in consultation with the individual:
  - Discuss the access requested.
  - Determine the precise limitation to full access, considering the type and purpose of the public service's operation, the nature and cost of the needed accommodation, and good faith efforts to explore the least restrictive or less expensive alternatives.
  - Identify the potential modifications and assess the effectiveness each would have in allowing the individual to access public services.
  - If a determination is made to implement an accommodation, elect and implement the accommodation that is the most appropriate for both the individual and the public service provider. While an individual's preference will be given consideration, the Minnesota Board of Medical Practice is free to choose among equally effective modifications and may choose the one that is less expensive or easier to provide.

### **Policy for Funding Accommodations:**

Funding must be approved by this agency for accommodations that do not cause an undue hardship. Reimbursement for providing reasonable accommodation may be available through the State's Reasonable Accommodation Reimbursement fund, which has time limits for requests. Information regarding this fund is available at the following link: [mn.gov/admin/accommodation-fund](https://mn.gov/admin/accommodation-fund).

### **Procedure for Determining Undue Hardship:**

In determining whether or not providing a reasonable accommodation would impose an undue hardship, the agency will consider at least the following factors:

- Overall size of the program (i.e., number and type of facilities, size of budget);
- Type of the operation including the composition and structure of the work force;
- Nature and cost of the accommodation needed;

- Reasonable ability to finance the accommodation; and
- Documented good-faith efforts to explore less restrictive or less expensive alternatives including consultation with the individual with the disability or with knowledgeable individuals with disabilities or organizations.

The ADA Coordinator or designee will provide a decision to the employee.

### **Appeals:**

Employees, applicants or consumers who are dissatisfied with the decisions pertaining to an accommodation request may file an appeal with the Executive Director, within a reasonable period of time, for a final decision.

If the individual believes the decision is based on discriminatory reasons, then they may file a complaint internally through the agency's complaint procedure as outlined in this plan.

### **Supported Work:**

This agency will review vacant positions and assess the current workload and needs of the office, to determine if job tasks might be performed by a supported employment worker(s). If appropriate, the agency will work with the ADA Coordinator or designee and organizations that provide employment services to individuals with disabilities to recruit and hire individuals for supported employment if such a position is created.

# APPENDIX A

## A. Complaint of Discrimination/Harassment Form

### COMPLAINT OF DISCRIMINATION/HARASSMENT FORM

Minnesota Board of Medical Practice  
2829 University Avenue SE, Suite 500  
Minneapolis, MN 55414  
Telephone Number 612-617-2130

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#### PLEASE READ BEFORE COMPLETION OF FORM

Any complaint of discrimination/harassment is considered confidential data under Minnesota Statutes Section 13.39, Subds. 1 and 2. This information is being collected for the purpose of determining whether discrimination/harassment has occurred. You are not legally required to provide this information, but without it, an investigation cannot be conducted. This information may only be released to the Affirmative Action Officer or designee, the complainant, the respondent and appropriate personnel.

Complainant (You)		
Name	Job Title	
Work Address	City, State, Zip Code	Telephone
Agency	Manager/Supervisor's Name	

Respondent (Individual Who Discriminated Against/Harassed You)		
Name	Job Title	
Work Address	City, State, Zip Code	Telephone
Agency	Manager/Supervisor's Name	

### The Complaint

**Basis of Complaint (Place an "X" in the box for all that apply):**

<input type="checkbox"/> Race	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Sex (Gender)	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Status with Regard to Public Assistance
<input type="checkbox"/> Age	<input type="checkbox"/> National Origin	<input type="checkbox"/> Membership or Activity in a Local Human Rights Commission
<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Religion

Date most recent act of discrimination or harassment took place:

If you filed this complaint with another agency, give the name of that agency:

Describe how you believe that you have been discriminated or harassed against (names, dates, places, etc.). Use a separate sheet of paper if needed and attach to this form.

### Information on Witnesses Who Can Support Your Case

Name	Work Address	Work Telephone
1.		
2.		
3.		

Additional witnesses may be listed in "Additional Information" or on a separate sheet attached to this form.

**This complaint is being filed on my honest belief that the State of Minnesota has discriminated against or harassed me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.**

<b>Signatures</b>	
<b>Complainant Signature</b>	<b>Date</b>
<b>Affirmative Action Officer Signature</b>	<b>Date</b>



## APPENDIX B

### B. Employee/Applicant Request for ADA Reasonable Accommodation Form

#### State of Minnesota – Board of Medical Practice Employee/Applicant Request for Americans with Disabilities Act (“ADA”) Reasonable Accommodation Form

The State of Minnesota is committed to complying with the Americans with Disabilities Act (“ADA”) and the Minnesota Human Rights Act (“MHRA”). To be eligible for an ADA accommodation, you must be 1) qualified to perform the essential functions of your position and 2) have a disability that limits a major life activity or function. The ADA Coordinator/Designee will review each request on an individualized case-by-case basis to determine whether or not an accommodation can be made.

<b>Employee/Applicant Name:</b>	<b>Job Title:</b>
<b>Work Location:</b>	<b>Phone Number:</b>

**Data Privacy Statement:** This information may be used by your agency human resources representative, ADA Coordinator or designee, your agency legal counsel, or any other individual who is authorized by your agency to receive medical information for purposes of providing reasonable accommodations under the ADA and MHRA. This information is necessary to determine whether you have a disability as defined by the ADA or MHRA, and to determine whether any reasonable accommodation can be made. The provision of this information is strictly voluntary; however, if you refuse to provide it, your agency may refuse to provide a reasonable accommodation.

#### A. Questions to clarify accommodation requested.

1. What specific accommodation are you requesting?
2. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?  
YES    NO
  - a. If yes, please explain.

#### B. Questions to document the reason for the accommodation request (*please attach additional pages if necessary*).

1. What, if any, job function are you having difficulty performing?

2. What, if any, employment benefits are you having difficulty accessing?
  
3. What limitation, as result of your physical or mental impairment, is interfering with your ability to perform your job or access an employment benefit?
  
4. If you are requesting a specific accommodation, how will that accommodation be effective in allowing you to perform the functions of your job?

**Information Pertaining to Medical Documentation:** In the context of assessing an accommodation request, medical documentation may be needed to determine if the employee has a disability covered by the ADA and to assist in identifying an effective accommodation. The ADA Coordinator or designee in each agency is tasked with collecting necessary medical documentation. In the event that medical documentation is needed, the employee will be provided with the appropriate forms to submit to their medical provider. The employee has the responsibility to ensure that the medical provider follows through on requests for medical information.

**This authorization does not cover, and the information to be disclosed should not contain, genetic information. "Genetic Information" includes: Information about an individual's genetic tests; information about genetic tests of an individual's family members; information about the manifestation of a disease or disorder in an individual's family members (family medical history); an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.**

Employee/Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## APPENDIX C

### C. Consumer Request for ADA Reasonable Accommodation Form

#### State of Minnesota – Board of Medical Practice Consumer Request for Americans with Disabilities Act (“ADA”) Reasonable Accommodation Form

The State of Minnesota is committed to complying with the Americans with Disabilities Act (“ADA”) and the Minnesota Human Rights Act (“MHRA”). To be eligible for an ADA accommodation, you must be 1) qualified to perform the essential functions of your position and 2) have a disability that limits a major life activity or function. The ADA Coordinator/Designee will review each request on an individualized case-by-case basis to determine whether or not an accommodation can be made.

<b>Consumer’s Name:</b>	<b>Date of Request:</b>
<b>Address:</b>	<b>Phone Number:</b>

**Data Privacy Statement:** This information may be used by the agency human resources representative, ADA Coordinator or designee, agency legal counsel, or any other individual who is authorized by the agency to receive medical information for purposes of providing reasonable accommodations under the ADA and MHRA. This information is necessary to determine whether you have a disability as defined by the ADA or MHRA, and to determine whether any reasonable accommodation can be made. The provision of this information is strictly voluntary; however, if you refuse to provide it, the agency may refuse to provide a reasonable accommodation.

#### C. Questions to clarify accommodation requested.

3. What specific accommodation are you requesting?
4. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?  
YES NO
  - a. If yes, please explain.

#### D. Questions to document the reason for the accommodation request *(please attach additional pages if necessary)*.

5. What, if any, function are you having difficulty performing?

**Reasonable Accommodation Request Form, Page 2**

- 6. What, if any, public services are you having difficulty accessing?**
  
- 7. What limitation, as a result of your physical or mental impairment, is interfering with your ability to access public services?**
  
- 8. If you are requesting a specific accommodation, how will that accommodation be effective in allowing you to access public services?**

**Information Pertaining to Medical Documentation:** In the context of assessing an accommodation request, medical documentation may be needed to determine if the consumer has a disability covered by the ADA and to assist in identifying an effective accommodation. The ADA Coordinator or designee in each agency is tasked with collecting necessary medical documentation. In the event that medical documentation is needed, the consumer will be provided with the appropriate forms to submit to their medical provider. The consumer has the responsibility to ensure that the medical provider follows through on requests for medical information.

**This authorization does not cover, and the information to be disclosed should not contain, genetic information. "Genetic Information" includes: Information about an individual's genetic tests; information about genetic tests of an individual's family members; information about the manifestation of a disease or disorder in an individual's family members (family medical history); an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.**

**Consumer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

