Medical Attestation Guidelines & Template Letter

Guidelines for SDP Registrants

You are being asked to provide a letter with limited medical documentation that your medical provider completes. Your medical provider will attest that you have a disability(ies) that is protected under the ADA which allows for the use of a service dog and that your service dog is task-trained to mitigate the effects of the disability(ies). **We will never ask you to provide your diagnosis.**

Registrants can use the template letter on page four to submit to their medical provider to complete. This letter must be on facility letterhead which should include the full name of the facility/practice and physical address. Electronic signatures with date stamps are acceptable.

Service Dog Pass registrants can also supply an original letter generated by their medical provider if it has the following information:

- Name of patient
- Date of last visit with medical provider
- Attestation section that patient has a disability protected under the ADA which allows for the use of a service dog and the medical provider has seen the patient with the service dog and lists tasks it is trained to perform.
- Provider signature, printed name, & contact information
- Physical address of practice/facility

For our purposes, medical provider is defined as below:

An individual licensed by the state to provide health services within their governing body's definitions and respective scope of practice.

Examples of medical providers:

- Physician – a person qualified to practice medicine.
- Nurse Practitioner – a nurse who is qualified to treat certain medical conditions without the direct supervision of a doctor.
- Clinical Nurse Specialist – advanced practice registered nurse with clinical specialty expertise for a population.
- Physician Assistant – licensed clinician who practices medicine in every specialty and setting under the direction and supervision of a licensed physician.
- Clinical Psychologist – a psychologist with a doctoral degree in psychology from an accredited/designated program in psychology.

- Licensed Professional Counselor – a counselor with a master's degree in psychology, counseling, or a related field.
- Mental Health Counselor – a counselor with a master's degree and several years of supervised clinical work experience.
- Psychiatrist – a medical doctor with special training in the diagnosis and treatment of mental and emotional illnesses.

Submission:
Initially, users can email this letter to betatest@servicedogpass.org. SDP technology is constantly advancing. There should be an upload field for this letter in the future.

Guidelines for Medical Providers

You are being asked to complete this form, on behalf of your patient, as part of the application process for a Service Dog Pass™ (SDP) credential. The SDP credential is used to streamline air travel for individuals who use service dogs by verifying that the credential holder has a disability that allows for the use of a service dog and the service dog is properly trained and up to date on rabies vaccination. More information can be found at www.servicedogpass.org. Any questions can be directed to:

Mikki Larkin, Program Manager
Service Dog Pass, American Service Dog Access Coalition
mikki@servicedogpass.org | P: 919-816-3321

This letter will remain part of your patient's SDP profile. Please do not include any sensitive data or information. Medical providers can use and complete the letter template on page four. This letter must be on facility letterhead which should include the full name of the facility/practice and physical address. Electronic signatures with date stamps are acceptable.

An original letter can be also generated if it has the following information:

- Name of patient
- Date of last visit with medical provider
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- Licensed Professional Counselor – a counselor with a master's degree in psychology, counseling, or a related field.
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Submission:

- Please return the letter to your patient for submission to SDP Admin.

Date: _____

To: Service Dog Pass Administration

I am writing in response to your request for me to provide limited medical documentation as proof of disability for my patient _____ as part of their application for a Service Dog Pass™ credential.

My last visit with _____ was on _____ and she/he/they continues to receive ongoing care through my facility/practice.

I hereby attest:

1. My patient listed above has a disability protected under the Americans with Disability Act (ADA) which allows for the use of a service dog.

2. I have seen _____ with service dog _____, who has been trained to assist my patient with her/his/their disability. Examples of task(s) _____ is trained to perform include:
   _____
   _____
   _____.

Please use the contact information below should you have any follow up questions.

Sincerely,

Signature: _____

Provider's Name: _____

Phone: _____

Email: _____

License Number: _____ State/Province: _____ Expiration Date: _____