
UF

DOCUMENTATION PROVIDER GUIDE

MEDICAL PETITION PORTAL

NAVIGATING THE UNEXPECTED



Unfortunately, there may be times in a student's academic career when unexpected situations arise that interfere with the student's ability to be academically successful in a given semester. Such situations include, but are not limited to, physical health issues, mental health issues, learning disabilities, family/personal crises, or death in the family. In such situations, students may wish to consider petitioning for a medical withdrawal.

The Dean of Students Office at the University of Florida has created a medical petition portal to support students in completing petitions and reduce obstacles to completing the petition process. The portal allows students to contact providers through the portal and have documentation submitted directly to the petition via the portal.

INVITATION EMAIL

The emails sent to providers look like this:

Dear _____

_____ is a student at the University of Florida and is petitioning for a Medical Withdrawal By Deadline from the Spring 2020 term. In order for a student's withdrawal to be classified as a medical withdrawal and be eligible for academic and financial relief, the student's medical circumstances must be confirmed by a medical provider.

Andrea provided your name as a medical provider familiar with his/her condition and the impact that his/her symptoms had on his/her academics during the semester(s) included in the medical petition. Please take a moment to complete the Medical Provider Form available by clicking on the following link with the provided token:

<https://apps.ufsa.ufl.edu/?p=700:1>
 Temporary Access Code: 9D5CC9E6184C313EE0538301020A8DB2

Please contact the University of Florida Dean of Students Office Care Team at 352-294-2273 with any questions or concerns you may have about the medical petition process.

Thank you for your assistance with _____ medical petition.

Sincerely,
 DSO Care Team Staff

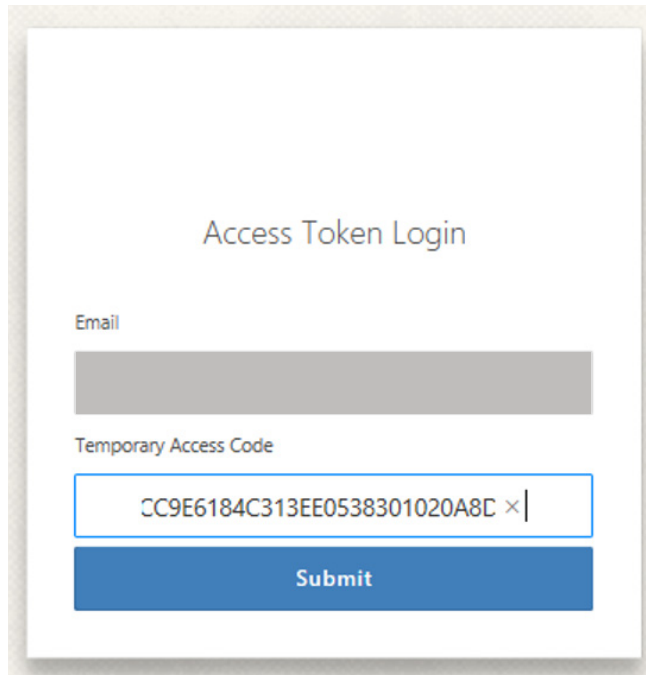
**HELPING STUDENTS
 NAVIGATE THE UNEXPECTED**

MEDICAL PETITION PORTAL



CARE.DSO.UFL.EDU | MEDICALPETITION@UFSA.UFL.EDU | 352-294-CARE(2273)

To sign in to the portal, click the link, or copy/paste the link in your browser. To sign in, input your email and copy/paste the Temporary Access Code provided in the email.



Access Token Login

Email

Temporary Access Code

CC9E6184C313EE0538301020A8C ×

Submit

The access code is temporary; therefore, if you get a notification that it is expired, you will have to reach out to your student/patient to ask them to resend a link or to pick up the letter from your office/clinic.

After you sign in, you will be able to see the classes the student/patient is petitioning for and will be asked to answer a few questions.

THE PRACTITIONER FEEDBACK FORM

Below is a blank copy of the Practitioner Feedback Form. Currently, the provider has the right to access the student's questionnaire. This is a feature this is likely to be discontinued out of respect for students' rights. However, you may always ask your patient if they can send a copy of the questionnaire if it will help you provide feedback that is personal and informed.



PRACTITIONER FEEDBACK FORM [INCOMPLETE]

Petition Information

Name ↑	Birth date	UFID	Release form

Term ↑	Course name
Spring 2020	
Spring 2020	
Spring 2020	

What did you experience that impacted you during the semester(s) in question?

What type of assistance or intervention did you receive?

NOTE: The Medical Petitions Committee and/or DSO employees involved in processing medical petitions may contact you or the front office for clarification or input regarding this student's petition. The signed ROI allows this communication.

Form

Name

Address:

Phone Number:

Provider Recommendations

Checklist for why a medical withdrawal is recommended - Checklist (select all that apply)

- Symptoms materially interfered with ability to successfully complete school work
- Patient would recover best by taking time off from school
- Patient would recover best at home in a more supportive environment
- Other

Optional - Brief Narrative of Circumstances

Optional - Upload letter or other documents related to student's medical concerns

Upload Letter

Upload

Upload a file.

Initials *

Save Changes

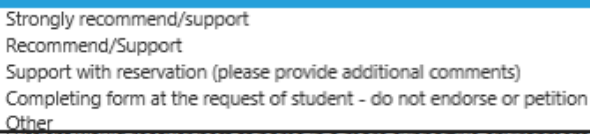
Submit

PROVIDER RECOMMENDATION

You can make a recommendation. Under the checklist, you can choose to select none of the option, one, or more to explain why you think the withdrawal or dropping of courses is recommended from a clinical perspective.

The Provider Recommendation drop-down menu offers five options for you to select. Please select the response that is most appropriate to the situation based on your clinical experience with the patient/student.

Provider Recommendations



Strongly recommend/support
 Recommend/Support
 Support with reservation (please provide additional comments)
 Completing form at the request of student - do not endorse or petition
 Other

CONTENT OF PROVIDER FEEDBACK

You have the option of uploading a letter or writing a brief narrative in the portal. The Medical Petitions Committee (MPC) reviewing students' petitions are looking for a description of students' symptoms and to understand the severity of them during the terms for which the students are petitioning. Students do not need a diagnosis in order to be approved. However, they do need to have documentation that demonstrates that their symptoms were of such severity that they precluded successful completion of courses.

Furthermore, the MPC also expects students to provide a rationale for why specific courses were affected during the terms when they are petitioning to drop some classes but keep other classes that they passed during the same term. The documentation should also support the selectivity of the petition for the student to be approved.

WHAT IF I CANNOT USE THE PORTAL?

You do not have to use the portal to provide documentation for the student. If it is against company protocol to use the portal, you can ask the patient to visit your office to pick up the letter and they can upload it to their petition.

QUESTIONS? CONTACT US:

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 MEDICALPETITION@UFSA.UFL.EDU