



DOCUMENTATION PROVIDER GUIDE

MEDICAL PETITION PORTAL

NAVIGATING THE UNEXPECTED



Unfortunately, there may be times in a student's 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, family/personal crises, or death in the family. In such situations, students may wish to consider a medical petition.

The Medical Petition Portal supports students 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 [REDACTED]

[REDACTED] is a student at the University of Florida and is petitioning for a Retroactive Semester Medical Withdrawal from the Summer 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.

[REDACTED] 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:

Email Address:

Temporary Access Code: A62EBAA/4A6F6480E053AA01020ACB31

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 [REDACTED] medical petition.

Sincerely,

DSO Care Team Staff

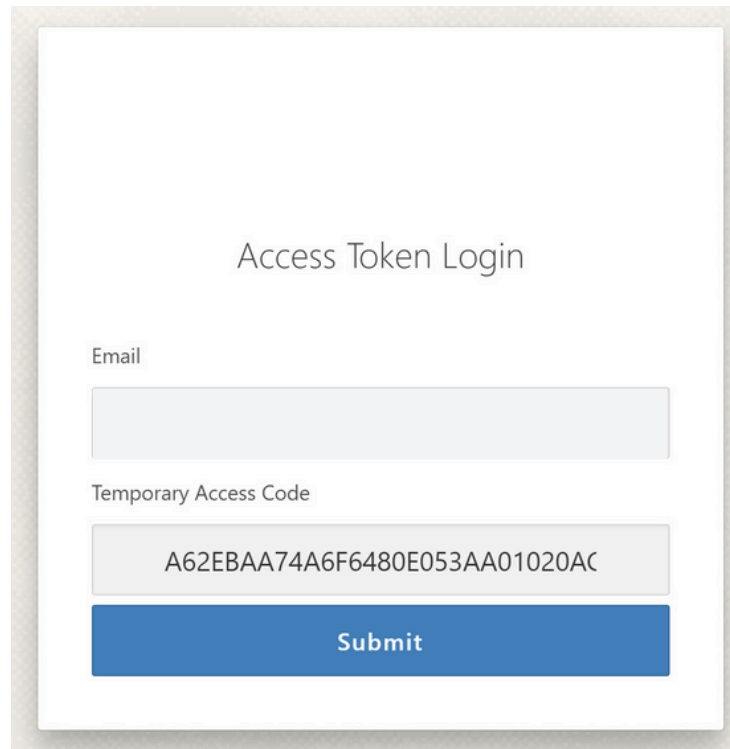
HELPING STUDENTS NAVIGATE THE UNEXPECTED

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.

A screenshot of a web form titled "Access Token Login". The form is white with a light gray border. It contains two input fields: "Email" and "Temporary Access Code". The "Email" field is empty. The "Temporary Access Code" field contains the text "A62EBAA74A6F6480E053AA01020AC". Below the input fields is a blue button labeled "Submit".

Access Token Login

Email

Temporary Access Code

A62EBAA74A6F6480E053AA01020AC

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 DOCUMENT PROVIDER FEEDBACK

Below is a blank copy of the Document Provider Feedback Form. Should you need additional information from the student, please contact them directly.

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:

(352)

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

DOCUMENT PROVIDER RECOMMENDATION

You can make a recommendation if you wish to share one. Under the check list, you can select none, one or more options to explain why you think the students request to withdraw from all courses or drop a few courses in the given semester is advisable.

The Documentation 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 expertise and your experience with the student.

Recommendation

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 FEEDBACK FORM

You also have the option of uploading a letter. Please ensure that your letter meets the necessary [Medical Petition Documentation Guidelines](#). The Medical Petition Committee is looking for a description that clarifies the nature and severity of a student's experience. While this may include symptoms in some cases, a diagnosis is not needed in order for a medical petition to be approved. However the documentation should demonstrate that their symptoms/experience were of such severity that the precluded successful completion of courses.

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 organization protocol to use the portal, please send the student the required documentation directly so they can upload the documentation.

QUESTIONS? CONTACT US:

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