



**UTAH TRANSIT AUTHORITY (UTA)
Healthcare Professional Verification Form**

An individual with a disability is defined by the American with Disabilities Act (ADA) as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. [Disabilities] may include but [are] not limited to:

- Respiratory, cardiac, or neurological disabilities, a person receiving dialysis, living with AIDS, MS, or chronic progressive debilitating disease.
- A disability that affects mobility, including but not limited to people who are non-ambulatory, use a mobility aid, have arthritis, or an amputation
- A person who is blind or visually impaired
- A person who is deaf or has a hearing disability
- An intellectual disability or developmental disability
- A psychiatric disability that is chronic in nature

For additional disability information please visit <https://www.ada.gov/>

PATIENT INFORMATION:

Patient's Name: _____

UTA Application ID (UTA use Only): _____

HEALTHCARE PROFESSIONAL VERIFICATION SECTION:

You must be a licensed healthcare professional to complete this form. UTA will use the Utah Division of Occupational and Professional Licensing database as part of our verification process. This is only needed if the applicant does not have other proof of qualification.

Healthcare Provider's Name: _____

Address: _____

City, State, Zip: _____

License Number: _____ Phone Number: _____

Email Address: _____

Duration of Impairment:

I estimate the duration of the impairment will be:

- Permanent (No expectation to improve)
- Temporary, indicate the anticipated length of impairment: _____

Healthcare Professional Statement:

I have examined the applicant (fully identified in the Patient Information section of this form). It is my opinion that the applicant has impairment(s) that fall within the meaning and terms set forth in this document.

Signature: _____
Date: _____

Name (Printed): _____

Title: _____

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