

Students with Disabilities: Implications for Pharmaceutical Education

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The Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 requires the provision of "reasonable accommodations" to those qualified individuals with disabilities by providing equal, nondiscriminatory program access in the academic setting which includes professional pharmacy education. This article explores the issues surrounding the disabled student and the corresponding responsibilities of the institution to provide reasonable accommodations. Eligibility for services, including documentation, and the need for the student to self-identify disabilities are discussed. "Reasonable modifications" are reviewed from both a legislative point-of-view and from relevant case law. Also discussed in this article are exceptions for the need to accommodate which includes a direct threat to others and the "undue burden" concept relative to costs associated with accommodation.

INTRODUCTION

The course of pharmaceutical education has followed many paths. Some have been smooth, others slightly bumpy and still others treacherous. Most faculty and administrators try to avoid the latter. However, the latter is usually the least understood as we find ourselves outside of our comfort zone of knowledge and security. Such is the case with the disabled student.

When the Americans with Disabilities Act was signed into law by President Bush in 1990 it was hailed as a landmark piece of legislation that would help bring an estimated 43 million persons with disabilities into the mainstream of American life by providing these individuals with better access to public programs, services and by granting more freedom in their pursuit of employment and professional careers(1). However, one must be reminded that it is not the ADA alone which provides direction in the area of disabilities. As a matter of fact, the ADA borrows much of its substantive framework from Section 504 of the Rehabilitation Act of 1973(2).

Section 504 mandates that recipients of federal financial assistance eliminate discrimination against individuals, and codifies the constitutional right of individuals with impairments by providing equal protection under the law. This protection extends to those individuals in the educational systems which receive federal financial assistance, which would include most, if not all, universities.

OVERVIEW OF THE ADA AND SECTION 504

The Americans with Disabilities Act is a federal antidiscrimination statute designed with the purpose to remove barriers which prevent qualified individuals with disabilities from enjoying the same educational opportunities that are available to persons without disabilities(3). The ADA prohibits discrimination against the disabled in education and in their access to the facilities, goods and services of most public places, including all colleges, universities and other educational institutions.

The ADA also imposes a new "building code" on most commercial buildings, which will encompass all facilities on college and university campuses. Facilities constructed prior to June 3, 1977 need not necessarily be made accessible so long as the program or activity, viewed in its entirety, is readily accessible to persons with disabilities.

Furthermore, the ADA prohibits the imposition of eligibility requirements which "screen out or tend to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying any service, program, or activity, unless such criteria can be shown to be necessary for the provision of the service, program, or activity being offered"(4). Title II, Section 202 of the ADA also prohibits discrimination in the offering of benefits, programs or services by state or local governments when it states, "...no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity." These ADA provisions have had and will continue to have far reaching effects on the education system in America, including schools of pharmacy.

Title V, Section 504 of the Rehabilitation Act of 1973 reads, "No otherwise qualified handicapped individual in the United States...shall, solely by reason of his handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance"(5). This legislation imposes the following requirements on colleges and universities:

1. "Program accessibility" which reaches to all aspects of a university's operations and programs.
2. Provision of auxiliary aids and services to students.

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3. Modifications in physical facilities to make them accessible.
4. Appointment of a 504 coordinator, a program accessibility audit and a transition plan for making facilities accessible.

Failure to comply and complaints of failure to comply with this legislation has led to claims of discrimination by students against their educational institution. It is critical, therefore, that pharmacy educators and administrators understand what is necessary to avoid these types of claims. Of course, students must be able to meet the technical and academic qualifications for entry into the pharmacy school in order to be considered "otherwise qualified." (Note: The ADA uses the term disability while the Rehabilitation Act uses the term handicap. These terms, for all practical purposes, are synonymous and can be used interchangeably.)

ELIGIBILITY FOR SERVICES

How are students to obtain services permitted under the ADA and Section 504? Generally, students who would like to request and receive disability-related services or accommodations are required to schedule an appointment for the initial intake procedure with the university representative assigned to these types of cases, such as the Dean of Students or possibly a vice-president for Student Affairs. As part of the intake procedure, this university-appointed individual should require appropriate documentation of the disability. Eligibility for services or accommodations should be determined on the basis of the presence of a disability and a need for services and accommodations to support an equal educational opportunity. Information from the disability documentation, the student's stated experience with services that have been effective in past academic settings, and the university-appointed administrator's professional judgment will be drawn upon in making the eligibility determination.

In determining eligibility it is necessary to return to the federal definition of "disability." This definition includes two elements: (i) a physical or mental impairment which; (ii) substantially limits one or more major life activities of the person in question. According to the Americans with Disabilities Act, major life activities include but are not limited to walking, breathing, seeing, hearing, performing manual tasks, learning and working(6). Therefore, the disability has both medical and functional elements, and both of these elements must be explicitly documented. Students are required to provide documentation of disability prior to the provision of services. This documentation is to be completed at student expense. Furthermore, accommodations cannot be retroactive and begin only after documentation is received and a reasonable time for accommodation development has been allowed.

STUDENT RESPONSIBILITIES

Students enrolled at the university level are required to self-identify if they would like to request services on the basis of disability. Each university should attempt to provide every opportunity for a student with a disability to self-identify. A statement on the university admissions application may refer students to the appropriate administrative representative to request information or services. Subsequently, faculty members should be encouraged to provide students the opportunity to self-identify by including a statement regarding accommodations for students with disabilities on their syllabus. The fol-

lowing sample statement could be utilized to allow students to self-identify.

"If any student in this class feels s/he has a disability and is in need of special accommodations, I will gladly work with you and Student Services in order to provide reasonable accommodations. This is to ensure that you have an equal opportunity to perform in this class. Please advise me of such a disability and the desired accommodations immediately after the first scheduled class so we can discuss accommodations. A list of the requested accommodations will be made, signed both student and instructor. A copy of these requested accommodations will be forwarded to the Dean of Students, a copy will be maintained by the instructor and the student will also be given a copy."

It is suggested that all students be required to sign a document at the initial class of the semester indicating that they have received a copy of the course syllabus and clearly understand all the instructor's requirements for the course, including the requirement to self-identify early. One should not take lightly the need to clearly identify the requested accommodations. As the semester progresses, should the disabled student find themselves in an academically difficult situation, they could raise the issue that not all their requested needs were addressed. This simple document, identifying needs by the student, would be the instructor's best defense to a claim of failure to accommodate and, thus, would not allow the student to expand the scope of the needed accommodation to the students' advantage. It is important to remember that the ADA and Section 504 is intended to provide the student with an equal opportunity, not an advantage over others, in obtaining an education.

Of course, students should always be encouraged to contact the university appointed representative for disabled students directly, and as soon as possible, when enrolling to request services or accommodations. It is the responsibility of the student to provide complete documentation as outlined in this document and in compliance with the Association on Higher Education and Disability (AHEAD) guidelines.

DOCUMENTATION GUIDELINES

A few disabilities can be verified simply by observation. An example of this is the obvious use of a wheelchair as a result of mobility impairment. Other types of disabilities require more formal written documentation. Pharmacy faculty/administration should consult with university administration regarding needed documentation for verification of a disability.

This documentation can only be prepared by a person who is not a family member of the student and who is qualified by professional training and practice to diagnose and treat the impairment leading to the disability. Documentation must be typed and printed on the letterhead of either the practitioner or the agency hosting the practice. Handwritten notes on prescription pads or handwritten treatment records should not be accepted. In general, documentation of disability should include:

- a diagnostic statement identifying the disability, date of the current diagnostic evaluation (current diagnostic evaluation must have been made within the past three years), and the date of the original diagnosis;
- a description of the diagnostic criteria used;

- a description of the current functional impact of the disability;
- treatments and medications, assistive devices currently prescribed or in use;
- a description of the expected progression or stability of the impact of the disability over time; and
- the credentials of the diagnosing professional(s).

TYPES OF DISABILITIES

Numerous types of disabilities arise in higher education. The more common types of disabilities include: physical disabilities, learning disabilities, psychiatric disabilities and attention deficit/hyperactivity disorders.

Physical disabilities may be apparent. Nevertheless, verification of the disability should be required to include:

- description of the current functional impact of the disability;
- treatments, medications, and rehabilitation requirements; and
- a description of stability of the impact of the disability over time.

Students applying for services and accommodations on the basis of a learning disability should be required to submit a comprehensive report or psychoeducational assessment performed by a licensed psychologist. The assessment should be in the junior or senior year of high school or may even have been performed as an adult. In accordance with the guidelines developed by AHEAD, the psychoeducational assessment should contain:

- **Aptitude:** A complete intellectual assessment with all sub-tests and standard scores reported.
- **Academic Achievement:** A comprehensive academic achievement battery with all sub-tests and standard scores reported for those sub-tests administered. The battery should include current levels of academic functioning in relevant areas such as reading (decoding and comprehension), mathematics, and oral and written language.
- **Information Processing:** Specific areas of information processing (*e.g.*, short and long-term memory, sequential memory, auditory and visual processing, processing speed, executive functioning, and motor ability.)
- **Conclusions:** The report should conclude with a clinical summary which brings the supported judgment of the person conducting the assessment to bear in stating a diagnosis and suggesting accommodations which would be appropriate to the relative learning deficits and strengths of the student.

Those students claiming a psychiatric disability should be required to submit documentation completed by a psychiatrist or licensed psychologist who has experience diagnosing and treating this condition and must address the following criteria:

- DSM-IV diagnosis;
- psychological test used to make the diagnosis and all scores to support the diagnosis;
- medications, possible side effects and compliance with the medication plan; and
- therapeutic interventions and compliance with such to ensure that accommodations do not jeopardize successful therapeutic interventions.

Students applying for services and accommodations on the basis of ADD/ADHD should be required to submit a comprehensive report of a psychoeducational assessment completed by a psychiatrist, licensed psychologist, or licensed medical doctor who has experience diagnosing and treating this condition and must address the following criteria:

- DSM-IV diagnosis and a description of supporting past and present symptoms;
- narrative Summary of assessment procedures, including all scores used to make the diagnosis;
- description of present symptoms, fluctuating conditions, and prognosis;
- medication needs and side effects of how the medication will affect the student's academic performance; and
- recommendations for reasonable accommodation.

DIRECT THREAT TO HEALTH AND SAFETY OF OTHERS

The ADA provides that, based upon an individualized assessment which relies on current medical evidence or on the best available objective evidence, institutions of higher learning may determine that an individual poses a significant risk to the health or safety of others which cannot be eliminated or reduced to an acceptable level by modification of policies, practices, or procedures, or by the provision of auxiliary aids or services(7). However, this assessment must be objective and rational.

In *Doe v. Washington University*, 780 F.Supp. 628 (E.D. Mo. 1991) a federal court reviewed the disenrollment of a dental student who had tested positive for human immunodeficiency virus. The court ruled that the plaintiff (student) had failed to establish that he was otherwise qualified under the ADA:

Nothing in the record before this Court indicates that the University's decision was based on stereotypes or prejudices about individuals with HIV. In point of fact, the University extended opportunities to the plaintiff to further his medical career by offering alternative programs not requiring invasive techniques. This was commendable. The University's decision focused on the potential of possible exposure of HIV to third parties. The University, with the aid of more than 40 professionals, 33 of whom were from the medical field, considered all current relevant medical information available while balancing the rights of the plaintiff against the rights of his patients...in the case at bar, this Court believes that the circumstances surrounding plaintiff's HIV status presented little alternative to those charged with evaluating plaintiff's ability to qualify as a dental student (p. 634)

Essential requirements may include safety qualifications, but those qualifications must be appropriate to the relevant circumstances and based upon actual risks, rather than on speculation, stereotypes and generalizations about the disabling condition. Whereas dentistry is invasive and may pose substantial risk to patients, pharmacy schools would be hard pressed to make the same case. This is true especially in light of *In re Westchester County Medical Center*, HHS Civil Right Review Authority No. 1357; 1 BNA ADA Manual 60 (Oct. 1992). In this case, a pharmacist underwent a pre-employment physical after being hired a hospital. The exam indicated that the phar-

macist was suffering from AIDS-related complex and the hospital subsequently denied the pharmacist employment. The administrative law judge determined that the pharmacist fit the definition of a qualified handicapped person and that the pharmacist was not a direct threat of harm to the pharmacist, other pharmacists or patients by allowing him to dispense prescriptions.

Even though the ADA excludes individuals who have a current contagious disease or infection the pharmacy school would need to look at actual risks versus perceived risks associated with a student who has a condition that might be viewed as posing a risk or direct threat to others. This would likely involve the use of medical professionals as in the Doe case.

REASONABLE MODIFICATIONS

The ADA requires “reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program or activity”(8).

Pharmacy schools, therefore, must be able to justify their academic requirements. This task requires: (i) identification of programmatic objectives and the proficiency requirements which are essential to the achievement of these objectives; (ii) demonstration of the connection between these requirements and objectives; and (iii) determination of whether (and which) alternative methods exist to accomplish them, if any. Time and effort are both necessary to review programs, objectives, their connection and the alternatives for accommodation. Knee-jerk decisions could have catastrophic consequences. Numerous cases can shed light on this issue of accommodation.

The United States Supreme Court, in *Southeastern Community College v. Davis* (442 U.S. 397, 1979), addressed Section 504 of the Rehabilitation Act in relation to the educational enterprise when it is stated that the Act, “forbids professional schools from imposing physical qualifications for admission to their clinical programs.”

In this case, a severely hearing-impaired individual was denied admittance into the College’s associate degree nursing program. Southeastern stated that the woman was unqualified because she could not understand speech without relying on lip-reading. This disability, the school argued, would prevent her from functioning safely as a registered nurse.

In rejecting an earlier decision by the Court of Appeals, the Supreme Court held that Section 504 requires a disabled individual to meet a program’s requirements regardless of his or her impairment. The court also stated that legitimate physical criteria can be included as requirements for admission to an educational program. Therefore, in the Southeastern case, the individual (the plaintiff) was unqualified for the position and not entitled to protection under Section 504.

One of the hallmarks of the Southeastern case provides that educational institutions are not required to “substantially modify” their programs to accommodate disabled applicants. The vague statement “substantially modify” basically has been defined as requiring educational institutions to make a reasonable effort to accommodate a disabled individual and, possibly subsequently, submit a factual record showing that the institution responsibly carried out its statutory obligation. The courts have turned the tables on the disabled by ruling that if the institution provides this evidence of “making a reasonable effort to accommodate,” the burden of demonstrating that the accom-

modations were not reasonable shifts to the applicant. In light of the Davis case, pharmacy schools, therefore, must be able to justify their academic requirements.

In *Wynne v. Tufts University School of Medicine* (976 F.2d 791, 1st Cir. 1992), the United States Court of Appeals for the First Circuit considered whether a medical school was obligated to accommodate a student’s learning disability by offering him an alternative to multiple choice examinations in a biochemistry course.

The court noted that Tufts had offered the student “virtually every accommodation” he reasonably requested, but had sound academic reasons for requiring multiple choice examinations in biochemistry. The court noted that:

... the point is not whether a medical school is “right” or “wrong” in making program-related decisions. Such absolutes rarely apply in the context of subjective decision-making, particularly in a scholastic setting. The point is that Tufts, after undertaking a diligent assessment of the available options, felt itself obligated to make “a professional, academic judgment that (a) reasonable accommodation (was) simply not available.” Phrased another way, Tufts decided, rationally if not inevitably, that no further accommodation could be made without imposing an undue (and injurious) hardship on the academic program... Given the other circumstances extant in this case, we do not think that a reasonable fact-finder could conclude that Tufts, having volunteered such an array of remedial measures, was guilty of failing to make a reasonable accommodation merely because it did not also offer Wynne, unsolicited, an oral rendering of the biochemistry examination, (p. 795)

The provision of auxiliary aids may be necessary in order to achieve “reasonable accommodation.” In the case of *Nathanson v. Medical College of Pennsylvania* 926 F.2d 1369 (3rd Cir. 1991), a medical student complained that the medical school failed to accommodate the student’s needs by not supplying her a properly supportive chair which was needed for continuing back and neck injuries.

The United States Court of Appeals observed that: (if) the failure to provide a suitable seating arrangement makes a program effectively unavailable to a student with a back injury, then that failure could constitute the type of “benign neglect” (that would) constitute a violation of the Rehabilitation Act. (The university) would have to show that the required modification entails a substantial alteration in order to avoid a violation of the Act.

The key is to find a balance where accommodation and programmatic objectives can both be accomplished. If the provision of auxiliary aids or modifications of academic requirements can be “reasonably accomplished” so as to provide the individual with an equally effective opportunity to meet the essential eligibility requirements of the program and can likewise be done without a waiver of essential requirements or other substantial alteration in the nature of the program, then those adjustments would probably be viewed by the courts as “reasonable modifications” and should be made.

Program modification is not an absolute when dealing with the disabled student especially when certain required criteria are deemed necessary for practicing a certain profession(9). This was demonstrated in *Doherty v. Southern College*

of Optometry, 659 F.Supp. 662, (W.D. Tenn. 1987). The plaintiff, a student, suffered from a condition known as retinitis pigmentosa. During plaintiff's second year in optometry school, in response to changes in state laws permitting optometrists to use diagnostic drugs to diagnose eye pathology, the school changed its graduation requirements to make its existing externship program mandatory for all students. In addition, it added clinical proficiency requirements which had to be satisfied prior to entering the mandatory externship program, including a requirement that students demonstrate proficiency on various instruments used in the pathology clinic. The externship and clinical proficiency requirements were made applicable to all students enrolled at that time, including the plaintiff.

It was determined that the plaintiff lacked the ability to demonstrate mechanical proficiency on four instruments in the pathology clinic and was denied admission to the externship program. The plaintiff requested a waiver from the school of the pathology clinic check-out requirements. The waiver was denied. The optometry student then brought action against the college of optometry under the Rehabilitation Act for handicap discrimination after he was denied a degree.

The court held that the student was not "otherwise qualified" for the optometry degree when the student was unable to fulfill the clinical proficiency requirements due to his handicap. The court further ruled that the college's refusal to waive requirements was not unreasonable or discriminatory. The court also ruled that clinical proficiency requirements may be necessary in order to protect the public. The court noted that Section 504 imposes no requirement upon an educational institution to lower or to effect substantial modifications of standards to accommodate a handicapped person. From this case pharmacy schools should realize that changes in curriculum are permitted even considering that one may be excluded from completing the program as a result of their inability to demonstrate new proficiency requirements. Courts have recognized the need for professional programmatic changes without requiring professional schools to revert to a previous program to accommodate a disabled student so that a degree may be obtained. As a result, professional pharmacy schools should not fear a program or curricular change that may later be shown to disenfranchise a disabled person because of new curricular or program requirements.

RECOMMENDATIONS FOR ACCOMMODATIONS

The disabled student may request certain accommodations. "Should the student's request be granted?" is a very important question to be asked by the university and the pharmacy school. The answer, however, is not to be based on the student's request but rather on a diagnostic report from an appropriate professional. This report should include specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. The evaluators should describe the impact of the diagnosed learning, physical, mental or other disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The evaluators should support their recommendations with specific test results or clinical observations.

It is also important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process. Conversely, a prior history of accommodation does not, in and of itself, warrant the provision of a similar accommodation.

An institution of higher education must provide a disabled student academic adjustments to ensure that s/he receives an equal opportunity to participate⁽¹⁰⁾. Examples of academic adjustments may include:

1. additional time to complete tests, coursework, or graduation;
2. substitution of nonessential courses for degree requirements;
3. adaptation of course instruction;
4. tape recording of classes; and
5. modification of test taking/performance evaluations so as not to discriminate against students with sensory, manual or speaking impairments(unless such skills are the factors the test purports to measure.)

An institution of higher education must also provide auxiliary aids⁽¹¹⁾ and services to persons with disabilities such as:

1. qualified interpreters, notetakers, computer aided transcription services, written materials, assistive listening systems, closed caption decoders, open and closed captioning, TDDs;
2. readers, taped texts, audio recordings, large print and Brailled materials;
3. acquisition or modification of equipment.

An institution is not required to provide attendants, individually prescribed devices, readers for personal use or study or other devices of a personal nature. Furthermore, a college or university is only obligated to provide tutorial services to students with disabilities in the same manner it provides such services to nondisabled students. The institution may choose the methods by which the auxiliary aids will be supplied so long as the methods offered provide the student an equal opportunity. It is important to remember that the school must not charge the student for the necessary accommodations.

Public institutions must give primary consideration to the communication preferences of the student with a disability. Moreover, both public and private institutions have the responsibility to provide effective accommodations. Nonetheless, a college or university is not required to provide academic adjustments or auxiliary aids and services if such a provision would fundamentally alter the nature of the program or when the academic requirements are essential to a program of study or to meet licensing prerequisites. An auxiliary aid may also be denied when the provision of such would place an "undue burden" on the institution.

UNDUE BURDEN

The requirement for auxiliary aids and services is intended to ensure effective communication by making aurally and visually delivered information available to persons with hearing, speech, and vision impairments. These required services or aids may be costly and generally must be borne by the institution. But this requirement is not without limit.

The initial responsibility for making the determination that provision of certain auxiliary aids and/or services would pose an undue burden rests with the educational institution, not with the pharmacy school alone. A determination must be made in writing by a high-ranking official who has budgetary authority and must be based upon consideration of all available resources and alternatives. In addition, the institution must take

any other nonburdensome action which would ensure that individuals with disabilities receive the benefits and services of the institution's program or activity.

The ADA specifically prohibits the imposition of a surcharge on the individual accommodation of the disabling condition(12). The institution is not required to employ the newest or most advanced technologies to accommodate the disabling condition, provided that the aid or service offered would be effective in allowing the student to perform the essential requirements of the service, program, or activity. If, however, the individual with the disability refuses an accommodation which is deemed necessary for the performance of such essential requirements, then he or she may be considered unqualified under the Act.

The student's ability, or lack thereof, to individually provide financially for the necessary accommodations should not be a factor. In *U.S. v. Board of Trustees for the University of Alabama*, 908 F.2d 740 (11th Cir. 1990), the Eleventh Circuit Court of Appeals prohibited the university from denying auxiliary aids to disabled students who had not demonstrated financial need:

A university, by offering lecture, laboratory and discussion courses, also offers a benefit to its students. Some students, by virtue of their innate intelligence or their willingness to study, will benefit more from this opportunity than others. In the case of the deaf student, however, all access to the benefits of some courses is eliminated when [no] sign-language interpreter is present.

The provision of an auxiliary aid still may not eliminate [all] disadvantages suffered by handicapped persons. For example, having an interpreter would not be as effective as being able to hear a lecture or the comments and questions of fellow classmates oneself, as some things will get lost in the translation. Nevertheless, under *Davis*, if the provision of interpreters when necessary would not impose an undue financial burden on [the university], then it would be a reasonable accommodation which would allow deaf students to get some benefit from attending [the university] (p. 748).

Some accommodations may be perceived as a burden by the teaching professor. An interpreter, for example, may appear as a distraction to the teaching process. However, the interpreter (or any other appropriate aid or service) must be viewed as a reasonable accommodation and the fact that the professor is annoyed or distracted by the interpreter cannot be viewed as an undue burden by the university or the school of pharmacy.

CONFIDENTIALITY

Both the university and those professors who are informed of the need for accommodations are required to maintain confi-

dentiality of physical, mental, learning and other evaluations and may not release or discuss with others, any part of the documentation without the student's informed and written consent(13).

CONCLUSION

The ADA and Section 504 of the Rehabilitation Act provide rights and benefits to the disabled student. Pharmacy school professors and administrators need to be aware of these rights and benefits so that the disabled student may receive a reasonable accommodation. University administrators and pharmacy school administration/faculty should work closely in determining the provision of accommodations and complying with federal law.

The enactment of the ADA does present challenges for pharmacy schools, however. More thought must be given to policies and practices that may be discriminatory, however well-intended. Pharmacy school admissions counselors need to examine admissions procedures and requirements to determine if applicants are truly qualified to pursue the course of pharmacy study, or if some requirements are not useful for making admissions decisions. These same pharmacy school administrators will need to look at ways to provide access to individuals with different types of disabilities who may be interested in pursuing a career in pharmacy but who have functional or sensory limitations that may have excluded them from consideration for admission to the professional program prior to passage of the ADA.

While not everyone with a disability has extraordinary intellectual capabilities, some do. Some disabled individuals will have the ability to successfully enter and complete pharmacy school and then contribute to their communities and to society as a whole. Changing attitudes and fostering understanding about the capabilities of persons with disabilities to practice pharmacy will enrich everyone. The ADA is about enabling persons with disabilities to have the same opportunities that all other individuals have to pursue careers and engage in other vocational and social activities. It is a challenge that schools of pharmacy and their faculty and administrations should welcome.

References

- (1) Public Law 101-336.
- (2) 29 U.S.C.A Sections 701 to 779.
- (3) 29 U.S.C. Section 701(a)(5).
- (4) 42 U.S.C Section 12182(b)(2)(A).
- (5) 29 U.S.C. Section 794.
- (6) 29 U.S.C. Section 706(8)(B), 29 C.F.R. Section 1630.2(I), (j).
- (7) 29 C.F.R 1630.2(r).
- (8) 28 C.F.R 35.130(b)(7).
- (9) *Ibid*.
- (10) 45 C.F.R. Section 84.44.
- (11) 45 C.F.R. Section 84.44(d).
- (12) 28 C.F.R. Section 35.130(f).
- (13) 45 C.F.R. 84.42(b)(4).