

Request for Testing Accommodation

INSTRUCTIONS TO APPLICANTS: If you have a disability which requires an accommodation in testing, this form must be completed by an appropriate professional (i.e., education professional, physician, vocational rehabilitation counselor, psychologist, or psychiatrist) to certify that your condition requires testing accommodation(s). **Do not schedule your test until your accommodation is approved by the Office of Administration. Once approved, you will be given further instructions on how to schedule your appointment.**

If you have previously submitted documentation to request the same or a similar accommodation for a civil service test, you do not need to submit another form. Please contact ra-cs-testadmin@pa.gov for assistance in scheduling any additional tests.

CERTIFICATION

(Please print or type the requested information)

Applicant's Name: _____

Email Address: _____

Daytime Phone Number: _____

Preferred Method of Contact:

Phone

Email

I certify that because of this applicant's disability, this applicant should be accommodated by providing the following (*check all that apply*):

Reader

Note Taker/Writer

Separate Testing Area

Extended Time (time and a half only)

Use of Adaptive Equipment (specify): _____

ZoomText

JAWS

Other Format: _____

Other Accommodation(s) (specify): _____

Certifying Professional's Name (Print): _____

Signature: _____ Date: _____

Title: _____ License # (if Applicable): _____

Telephone #: _____ Email Address: _____

Email your completed form to ra-cs-testadmin@pa.gov