

Request for Testing Accommodation

INSTRUCTIONS TO APPLICANTS: If you have a disability that 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 disabling condition requires testing accommodation(s).

If you have previously submitted documentation to request the same or a similar accommodation for a civil service examination, you do not need to submit another form. Please call our office directly at (717) 787-7811 to make arrangements to schedule your exam.

CERTIFICATION

(Please print or type the requested information)

Applicant's Name: _____

E-Mail Address: _____

Daytime Phone Number: _____

Preferred Method of Contact:

Phone

E-Mail

I certify that because of this applicant's disability, he/she 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 (specify): _____

Certifying Professional's Name (Print): _____

Signature: _____ Date: _____

Title: _____ License # (if Applicable): _____

Daytime

Telephone #: _____

E-Mail

Address: _____

Address for return:

Office of Administration
506 Finance Building
613 North Street
Harrisburg, Pennsylvania 17120

E-mail: RA-cs-TestAdmin@pa.gov