Request for ADA Accommodation in Testing

Cuyahoga County Personnel Review Commission
2079 East 9th Street, 2nd Floor ● Cleveland, Ohio 44115 ● P: (216) 698-2290 ● F: (216) 443-3694
PRCEmploymentTesting@cuyahogacounty.gov

The Cuyahoga County Personnel Review Commission (PRC) reasonably accommodates candidates requesting accommodation in testing according to the requirements of the Americans with Disabilities Act (ADA). A candidate who requests such accommodation must demonstrate that he or she is covered by the law. The first step in this process is to complete this form, which must be fully completed and submitted along with adequate supporting documentation **prior to the last day of your scheduled examination window**. This form and supporting documentation may be submitted via the above email (preferred), standard mail, fax, or in person between the hours of 8:30 a.m. and 4:30 p.m., M-F, at the contact information located at the top of this form.

You (the candidate) must complete Section A of this form and the candidate acknowledgement. Your medical provider must complete and sign Section B. **Please print clearly.**

SECTION A: TO BE COMPLETED BY CANDIDATE

Candidate Name:_____

Candidate Email Address: _____

Candidate Phone Number: _____

Civil Service Examination Title: _____

SECTION B: TO BE COMPLETED BY LICENSED PROVIDER OF MEDICAL SERVICES

Provider Name: _____

Address:_____

Telephone Number: _____

Licensing Board:_____

License State & Number:_____

Diagnosis of Applicant's Disability: _____

_____

Date of Diagnosis: _____

If you did not originally diagnose the applicant's disability, what is the name of the diagnosing provider?

_____

How long have you treated the candidate for this disability? _____

_____

What methods were used to diagnose the disability? In general, how severe is the disability? For psychological or psychiatric disabilities, what instruments or methods were used to assess the disability?

_____

_____

_____

_____

Please describe the nature of the accommodation you feel is necessary for the candidate to participate in the testing process.

_____

_____

_____

_____

_____

_____

I affirm that the information provided here is accurate, as I know it.

_____ _____

Medical Provider Signature **Date**

The PRC will evaluate each request for accommodation on a case-by-case basis. Additional information on the testing accommodation process is available at https://www.cuyahogacounty.gov/personnel-review-commission/civil-service-testing/requests-for-ada-accommodation-in-testing.

Candidate Acknowledgement

I acknowledge that I must submit this request for ADA accommodation to the Personnel Review Commission (PRC) as soon as I am aware an accommodation is necessary, and no later than the above-stated deadline. I attest that the above statements and supporting documentation are truthful and accurate. Furthermore, I acknowledge that if it is determined that I have attempted to deceive the PRC or any other examiner by making statements or submitting documentation that are untrue or fraudulent, I shall be prohibited from taking this or any other examination for the purpose of employment with Cuyahoga County for a period of two (2) years. I acknowledge that if I am a current Cuyahoga County employee and have been determined to have deceived the PRC and/or any other examiner in any way, my conduct shall be grounds for disciplinary action. (See Cuyahoga County Code Section 303.03(D).)

Candidate Date