



## Testing Accommodation Request Form

INSTRUCTIONS TO APPLICANTS: Stanislaus County provides reasonable and appropriate accommodations for individuals with documented disabilities, within the meaning of the Americans with Disabilities Act (ADA).

If you have a disability that requires an accommodation in the written or oral examination, this form must be completed by a licensed health care provider certifying that your disabling condition requires testing accommodation(s).

**Requests for testing accommodations must be received prior to the test administration date.**

### CERTIFICATION

(Please print or type the requested information)

Applicant's Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Test Date: \_\_\_\_\_

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     Alternate Test Format
- Audio Tape Test     Large Print Test – Font Size \_\_\_\_\_     Other Format: \_\_\_\_\_
- Extended Time (**NOTE:** All tests are timed; if you are requesting extended time, indicate duration): \_\_\_\_\_
- Use of Adaptive Equipment (specify): \_\_\_\_\_
- Other Accommodation (specify): \_\_\_\_\_

### Certifying Health Care Provider or Educational Institution's Information

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ License # (if applicable) \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Address for return:

Stanislaus County/ Human Resources  
1010 10<sup>th</sup> Street, Ste. 1400  
Modesto, CA 95354  
Main: (209) 525-6341  
Email: [jobhelp@stancounty.com](mailto:jobhelp@stancounty.com)