

# 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 oral or written 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.**

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## 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  
 Extended Time (**NOTE:** All tests are timed; if you are requesting extended time, indicate duration): \_\_\_\_\_  
 Use of Adaptive Equipment (specify): \_\_\_\_\_

- Alternate Test Format    Audio Tape Test    Large Print Test – Font Size \_\_\_\_\_  
 Other Format: \_\_\_\_\_  
 Other Accommodation (specify): \_\_\_\_\_

Certifying Health Care Provider or Educational Institution's 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. 6800  
Modesto, CA 95354  
Main: (209) 525-6333  
Fax: (209) 544-6226  
Email: jobhelp@stancounty.com