



ADA Testing Accommodations Request Form

The Office of State Examiner (OSE) provides reasonable testing accommodations in compliance with the Americans with Disabilities Act (ADA). Under the ADA, a disability is a physical or mental impairment that substantially limits one or more major life activities. Having a diagnosed impairment does not necessarily mean that an individual is disabled as defined by the ADA, and not all disabilities require test accommodations.

Test accommodations are adjustments or modifications of standard testing conditions designed to allow Candidates with disabilities equal access to the examination without compromising its validity, providing an unfair advantage, or imposing an undue burden on OSE.

Applicants seeking testing accommodations must submit a completed examination application, a completed Testing Accommodations Request Form, and the appropriate documentation from a qualified physician or health care provider who specializes in the disability.

Please type or clearly print all responses.

Name: _____ Date of Birth: _____

Which specific examination and what jurisdiction are you seeking accommodations for?
(e.g., Fire Driver St. Tammany F.P.D. 1)

By signing below, I attest that:

- All information provided in this request form and the supporting documents relating to my request are true and accurate to the best of my knowledge.
- I have read and understand the OSE Testing Accommodations policies and information available on the OSE website.

Signature: _____ Date: _____

(OSE will not process requests without a signature)



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SECTION 1 – BACKGROUND

Please answer the below only as it relates to the disability for which you are requesting accommodations.

1. Please describe your disability and how the disability impacts your daily life activities:

2. When was your disability first professionally diagnosed? (check one):

Less than 1 year ago 1-2 years ago 3-5 years ago More than 5 years ago

3. If you have previously been provided with testing accommodation(s), please list:

Jurisdiction _____

Time Frame (more or less than 3 years ago): _____

Description of the accommodation(s) provided to you in the past _____

If you were approved for ADA testing accommodations **within the past 3 years** with the Office of State Examiner and wish to **receive the same accommodations**, please complete the ADA Request form, but **no** additional documentation will be required.

SECTION 2 – DOCUMENTATION REQUIREMENTS

- An original copy of a letter dated within the past **three years** and typed on official letterhead from a qualified physician or health care provider who specializes in the disability. This letter must:
- Document the disability and its severity.
 - Describe your limitation due to the disability.
 - State exactly what accommodations are required to provide equal access to the examination.
 - Contain an original signature and the physician's or provider's credentials.
- An original copy of a comprehensive evaluation/report of the diagnosed disability from the physician or health care provider, dated within the past **three years**.



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SECTION 3 – SPECIFIC ACCOMMODATIONS REQUESTED

Accommodations must be appropriate to the disability and must be validated by the physician or health professional's supporting documentation. What accommodations are you requesting? Please be as specific as possible.

NOTE: All required documentation in Section 2 must be received no later than two weeks prior to the scheduled test date for which you are seeking ADA accommodation(s). The OSE may deny an ADA accommodation request for insufficient documentation.