THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR
CIVIL SERVICE COMMISSION

77 North Front Street, 3rd Floor
Columbus, Ohio 43215

Testing Accommodation – ADA Step 1 (Provider Statement)

Provider, please return this form to the applicant.
Applicant, please return this form to Civil Service on or before _____

The Columbus Civil Service Commission accommodates applicants according to the requirements of the Americans with Disabilities Act (ADA). An applicant who requests such accommodation must demonstrate that he or she is covered by the law. As a licensed medical provider, you are being asked to provide information to aid the Commission in making an appropriate determination regarding the candidate's request. Please return the completed form to the applicant so that the form can be returned to Civil Service by the date noted above.

Part A – To be completed by the job applicant.

1. Applicant Name: _____
2. Address: _____
3. Telephone Number: _____

Part B – To be completed by a licensed provider of medical services.

1. Provider Name: _____
2. Address: _____
3. Telephone Number: _____
4. Licensing Board: _____
5. License State & Number: _____
6. Diagnosis of Applicant's Disability: _____
7. Date of Diagnosis: _____
8. Name of Provider making diagnosis if other than this provider: _____
9. How long have you treated the applicant for this disability? _____

10: What methods did you use 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?

11. How is the disability currently being treated? If known, please include current job title, current employment accommodations, and a statement about the effectiveness of the accommodations.

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

Provider Signature

Date

Thank you for assisting the applicant and Civil Service Commission in addressing this matter. If you have questions about the Commission's policies or this form, please call Mike Eccard at (614) 645-7517.

If the applicant is found to be covered by the ADA Act, you may be asked to recommend appropriate accommodations.

FOR CIVIL SERVICE COMMISSION USE ONLY

Review Date:

Determination: Covered ☐ Not Covered ☐

Reviewed by:

Comments: