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

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Testing Accommodation – ADA Step 1 (Provider Statement)

Provider, please return this completed form to the applicant.

The Columbus Civil Service Commission (CSC) accommodates applicants according to the requirements of the Americans with Disabilities Act (ADA). Applicants requesting such accommodation must demonstrate that they are covered by the law. As a licensed medical provider, you are being asked to provide information to aid the CSC in making an appropriate determination regarding the candidate's request. Please complete and return this form to the applicant so that the form can be returned to the CSC.

Part A – To be completed by the job applicant.

1. Applicant Name: _____
2. Address: _____
3. Email Address: _____
4. Phone Number: _____

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

1. Provider Name: _____
2. Address: _____
3. Phone 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 CSC in addressing this matter. If you have questions about the CSC's policies or this form, please call Liz Reed at 614.645.6032.

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

FOR CIVIL SERVICE COMMISSION USE ONLY

Review Date:

Determination: Covered ☐ Not Covered ☐

Reviewed by:

Comments: