



Accommodation Request

Complete and submit this form (including requested attachments) to the State EMS Office if you have a documented disability that will negatively affect your performance on the state written or practical certification/licensure examination. The state EMS office offers reasonable and appropriate accommodations for written and /or practical certification examinations for individuals with documented disabilities.

PROVIDER INFORMATION:

Virginia Certification Number: _____ Certification Level: _____

Name _____

Mailing Address Last Name _____ First Name _____ MI _____

Number, Street, Apt. _____ City _____ State _____ Zip +4 _____ +

E-mail Address _____

I have reviewed the essential job elements and functions for the level of training. I am seeking and request the following accommodation due to my disability-related needs.

APPLICANT SIGNATURE:

Signature _____ Date _____

Attach a statement on letterhead stationery from a professional who is familiar with your disability (the professional must have expertise in the specific disability for which the accommodation is being requested).

A professional must sign this statement, confirm, and describe the disability for which the accommodation is required.

THIS INFORMATION WILL NOT BE FILED WITH YOUR APPLICATION OR TEST RESULTS AND WILL BE CONFIDENTIAL.

Virginia Office of Emergency Medical Services

1041 Technology Park Drive

Glen Allen, VA 23059

804-888-9120

<http://www.vdh.virginia.gov/emergency-medical-services/>

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