

- Bureau of Motor Vehicles
- Emergency Management Agency
- **Emergency Medical Services**
- Office of Criminal Justice Services
- Ohio State Highway Patrol



Emergency Medical Services  
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**March 21, 2019**

**TO: Program Directors, Ohio Chartered Fire Training Institutions**

**FROM: Melvin House, Executive Director**  
**Ohio Division of Emergency Medical Services**

**REF: Request an ADA Accommodation for Written and/or Practical Examination**

The Americans with Disabilities Act of 1990 (ADA) allows for reasonable and appropriate accommodations for individuals with documented disabilities who demonstrate a need for accommodations.

The purpose of test accommodations is to provide students with full access to the test. However, test accommodations are not a guarantee of improved performance or test completion. The Division of EMS provides reasonable and appropriate test accommodations to individuals with documented disabilities who demonstrate a need for test accommodations.

Test accommodations are individualized and considered on a case-by-case basis. Consequently, no single type of test accommodation (e.g. extra time) would necessarily be appropriate for all individuals with disabilities. Simply demonstrating that an individual meets diagnostic criteria for a particular disorder does not mean that the person is automatically entitled to test accommodations.

Specific test accommodations should be related to the functional limitations. It is essential that the documentation of the disability provide a clear explanation of the current functional limitation(s) and a rationale for each requested test accommodation. A student should work with program directors and instructors who know them to determine which test accommodations are appropriate.

All students who are requesting test accommodations because of a disability must provide appropriate documentation of their condition and how it is expected to affect their ability to take the test under standard conditions. This shall include but not be limited to the following:

- Individual Educational Plan (IEP) dated in the last five (5) years;
- Documentation from a medical or other qualified professional who diagnosed the condition;
- A detailed letter from a certified vocational evaluator who has evaluated the student.

The documentation submitted must contain the following:

- The nature and extent of disability;
- Proposed accommodation;
- Rationale behind the proposed accommodations; and
- Type of accommodations made to the student during training.

The Program Director of the chartered training program is responsible for submitting a signed letter and documentation with the following details.

1. Describe the type of accommodations granted to the student while in the fire training program.
2. Attach the documentation that includes a detailed justification for the proposed accommodation.
3. Identify the individual that will be administering the examination. Include their position and experience with administering examinations to those with disabilities granted by the Division of EMS. Such representative shall be approved by the Division of EMS prior to the administration of the examination. The chartered training program is responsible for ensuring the security of the examination and the integrity of the testing process.
4. Attach a signed statement by the student explaining the type of accommodations they are requesting. The statement must include the student's legal name and current address.
5. Attach the documentation of compliance with NFPA 1582, Chapter 5, indicating the candidate's ability to perform the essential job tasks as a member of the fire department if the accommodation request relates to physical abilities, or, upon request of the Division of EMS in order to facilitate determination of reasonable and appropriate accommodations.

To ensure adequate time to evaluate ADA requests, the accommodation(s) request and all required documentation should be forwarded to the Division of EMS at least thirty (30) days prior to the examination date request.

The student is responsible for arranging and bearing the cost of appropriate evaluation.

The determination and provision of reasonable accommodations involves a process of discussion and negotiation. With the goal of maximizing the independence of the adult learner, the Division of EMS will make a good-faith effort to provide effective accommodations to students with disabilities.

Ohio Department of Public Safety employees may be consulted as to whether an accommodation is reasonable given program requirements and structure. The Division of EMS is not compelled to make accommodations which would fundamentally alter the nature of the training or compromise the certification process.

Please contact the Division of EMS Education Section at [OFSTesting@dps.ohio.gov](mailto:OFSTesting@dps.ohio.gov) or (614) 466-9447 with questions or concerns.

## CHECKLIST FOR ADA ACCOMMODATIONS AND REQUEST FOR WRITTEN EXAMINATION ACCOMMODATIONS

Please complete this form in its entirety and attach required documentation to this form prior to submission.  
Incomplete submissions will be returned.

### Student Information:

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Examination Information:

Accommodation is requested for the following examination: \_\_\_\_\_ (Course Level) to

be administered on \_\_\_\_\_ (Date and Time) at: \_\_\_\_\_ (Test Location)

Course / Examination ID#: \_\_\_\_\_ by \_\_\_\_\_ (Name of Charter)

☐ **Student Letter requesting accommodation (Statement by the student explaining the type of accommodations they are requesting. Please include the student's legal name and current address.**

☐ **Accommodation Requested by Student (please mark all that apply):**

\_\_\_\_ Separate Testing Area

\_\_\_\_ Reader as accommodation for learning disability

\_\_\_\_ Extended Time

\_\_\_\_ Other: (please specify): \_\_\_\_\_

☐ **Program Director Letter (letter must detail the accommodations granted to the student while in the fire training program.)**

☐ **Verification of Accommodation**

The applicant has discussed with me the nature of the disability. It is my opinion that because of this applicant's disability the fire training program provided the following accommodation(s):

**Please Mark All That Apply:**

\_\_\_\_ Separate Testing Area

\_\_\_\_ Reader as accommodation for learning disability

\_\_\_\_ Extended Time

\_\_\_\_ Other: (please specify): \_\_\_\_\_

☐ **Documentation dated within last 5 years (if older than 5 years, include justification as to why it should be reviewed)**

\_\_\_\_ IEP (must be dated in the last 5 years)

\_\_\_\_ Medical or other qualified professional

\_\_\_\_ Certified Vocational Evaluator