

STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION

TO: MEDICAL OR OTHER QUALIFIED DISABILITY PROFESSIONAL

FROM: BUREAU OF MERIT RECRUITMENT AND SELECTION
DIVISION OF PERSONNEL MANAGEMENT

RE: DISABILITY VERIFICATION FOR *THE DISABLED EXPANDED
CERTIFICATION PROGRAM*

The person named on page 2 of this document is a candidate for a civil service position with Wisconsin State Government. This person may be eligible to participate in the *Disabled Expanded Certification* (DEC) program. DEC is a special affirmative action program for people with disabilities. DEC gives persons with disabilities an increased opportunity to be interviewed for jobs in state government. **To be eligible for the DEC program, a candidate must have a permanent physical or mental impairment that substantially limits the major life activity of working.** This means that the person's disability significantly restricts his or her ability to perform a class or broad range of jobs when compared to the average person who has comparable training, skills and abilities. Please remember that Wisconsin State Government is committed to hiring persons with disabilities; having a disability is not a deterrent to employment with state government.

Please use this form to verify that your patient or client has this type of disability. Your professional opinion about this candidate's disability will determine whether he or she is eligible to participate in the DEC program. **When you have completed the form, please return it to your patient or client.**

Pages 3 and 4 of this form answer some general questions about the Disabled Expanded Certification Program. These pages explain the general requirements for eligibility to participate in DEC and the procedure DEC candidates must follow. If you have general questions about the Disabled Expanded Certification program, call the Bureau of Affirmative Action at 608-266-5709. If you have specific questions about verification for eligibility, call the Bureau of Merit Recruitment and Selection at 608-266-1731. TTY call Relay 711.

DISABLED EXPANDED CERTIFICATION VERIFICATION

Return this completed form to DOA/DPM/BMRS, Expanded Certification Unit in one of the following four ways:

Mail to: DOA/DPM/BMRS, DEC, PO Box 7855, Madison, WI 53707-7855
FAX to: 608-267-1000

Drop off at: 101 East Wilson Street, 4th floor, Madison, WI 53703
Scan and e-mail to: ESC@wisconsin.gov

NAME (please print Last Name, First Name, and Middle Initial) _____ / _____ / _____
DATE OF BIRTH (birth month & day required; year optional)

ADDRESS (please print mailing address, city, state, and zip code)

(_____) _____
TELEPHONE NO. (including area code) E-MAIL ADDRESS

LAST 4 DIGITS OF APPLICANT'S SOCIAL SECURITY NUMBER _____
MOTHER'S MAIDEN NAME (enter your mother's maiden name or another name or word that will serve as an additional identifier to make your applicant record unique)

RELEASE OF INFORMATION AUTHORIZATION

I authorize you to release the information requested on this form to the Bureau of Merit Recruitment and Selection. I understand this information will be used only to determine my eligibility for the Disabled Expanded Certification Program.

APPLICANT'S SIGNATURE _____
DATE

THIS SECTION FOR USE BY MEDICAL OR OTHER QUALIFIED DISABILITY PROFESSIONAL

DOES THE PERSON NAMED ABOVE HAVE A PERMANENT PHYSICAL OR MENTAL DISABILITY THAT SUBSTANTIALLY LIMITS THE MAJOR LIFE ACTIVITY OF WORKING? This means that the disability significantly restricts the person's ability to perform a class of jobs or broad range of jobs in different classes when compared to the average person who has comparable training, skills and abilities. **(CHECK ONE)**

YES _____ **NO** _____

If yes, please identify the disability and describe how it affects the person's ability to work:

I certify that I am a medical or other qualified disability professional and that the information I have provided is true and accurate to the best of my professional knowledge. I understand that it is a violation of Wisconsin State law to willfully or corruptly make false representations about an applicant for a civil service job.

NAME (PRINT): _____ DATE: _____

SIGNATURE: _____

TITLE: _____ TELEPHONE NO.: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

DISABLED EXPANDED CERTIFICATION PROGRAM

WHAT IS *DISABLED EXPANDED CERTIFICATION*?

Disabled Expanded Certification (DEC) is an affirmative action program to ensure that qualified applicants with disabilities are considered for state civil service jobs. Applicants who pass civil service examinations and qualify for DEC will not receive additional points but may receive increased opportunities for employment interviews.

WHO IS ELIGIBLE FOR DEC?

To be eligible for DEC, an applicant must have a permanent physical or mental impairment that substantially limits his or her ability to work. This means that the impairment restricts the ability to perform a class of jobs or a broad range of jobs in various classes, compared to the average person who has comparable training, skills and abilities. Applicants certified under DEC must be able to perform the duties of the job(s) for which they apply, with or without reasonable accommodations.

Disabilities that may qualify for DEC include, but are not limited to:

- Motor skill impairments: arthritis, partial or complete paralysis, cerebral palsy, epilepsy, muscular dystrophy, spinal cord injury, multiple sclerosis, cystic fibrosis, neurological disorders, limited capacity for exertion, amputation
- Speech impairments: slurred speech, severe stutter, unable to speak but able to hear
- Hearing impairments
- Vision impairments
- Dyslexia or other learning disabilities
- Kidney disease (requiring dialysis)
- Hemophilia
- Heart disease
- Respiratory or pulmonary disease
- Medically diagnosed mental illness (schizophrenia, paranoia, bipolar disorder, depression, personality disorder)
- Other permanent impairments not listed that substantially limit the major life activity of working.

HOW CAN I QUALIFY FOR DEC?

To be eligible for DEC, a qualified professional must verify that your impairment substantially limits your ability to work. A “qualified professional” means a physician, psychologist, psychiatrist, rehabilitation vocational counselor, high school special education teacher, Division of Vocational Rehabilitation counselor, or other person approved by the Department of Administration, Division of Personnel Management, Bureau of Merit Recruitment and Selection.

If you are applying for more than one civil service job, you need only one verification. This verification will be good for five years. If you are a current state employee, your verification will apply to promotional opportunities. When your verification expires after five years, we will give you an opportunity to re-verify.

WHAT PROCEDURES DO I FOLLOW?

Use the attached *DISABILITY VERIFICATION FOR DISABLED EXPANDED CERTIFICATION* form to verify your eligibility for DEC. Give the form to the professional who will verify that you are eligible for DEC. **Applicant: Be sure to sign and date the “Release of Information Authorization” on the form before you give it to the professional who will complete it for you.** Your physician or other qualified professional will return the completed form to you. Keep a copy of the completed form and return the original to DOA/DPM/BMRS, Expanded Certification Unit in one of the four ways:

Mail to: PO Box 7855, Madison, WI 53707-7855

Drop off at: 101 East Wilson Street, 4th floor, Madison, WI 53703

FAX to: 608-267-1000

Scan and email to: ESC@wisconsin.gov

REMEMBER: We cannot certify you for DEC until we receive your completed verification form.

HOW DO I FIND OUT MORE ABOUT DEC?

If you have general questions about the Disabled Expanded Certification program, call the Bureau of Affirmation Action at 608-266-5709. If you have specific questions about verification for eligibility, call the Bureau of Merit Recruitment and Selection at 608-266-1731 and ask to speak to the Certification Unit. TTY call Relay 711.

SPECIAL EXAMINATION ACCOMMODATIONS

Special accommodations will be provided to persons who have disabilities to enable them to take civil service examinations. We can provide accommodations such as readers, writers, large print exams, sign language interpreters, and other accommodations depending on the needs of the applicant. In some cases, we may even waive examinations for persons with certain disabilities where the person’s qualifications for the job cannot be adequately measured by a standard civil service exam.

To request an accommodation or waiver, obtain the *Request for Examination Accommodation* form and submit by mail to DOA/DPM/BMRS, Exam Administration Unit, PO BOX 7855, Madison, WI, 53707-7855; FAX 608-267-1000; or scan and email to ESC@wisconsin.gov at least one week before the examination. You can obtain this form online on www.Wisc.Jobs, at the application information tab, Request for Examination Accommodations Form. If you are unable to obtain a form, or you cannot submit the form on time, call us at 608-266-1731, and we will try to arrange an accommodation.