TO: MEDICAL OR OTHER QUALIFIED DISABILITY PROFESSIONAL

FROM: DIVISION OF MERIT RECRUITMENT AND SELECTION
DEPARTMENT OF EMPLOYMENT RELATIONS

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 any questions about DEC, please contact the Division of Merit Recruitment and Selection at (608) 266-3634.
DISABLED EXPANDED CERTIFICATION VERIFICATION

APPLICANT SEND COMPLETED FORM TO:
DER/DMRS Certification Unit
345 West Washington Avenue; PO Box 7855
Madison, WI 53707-7855

__________________________________________
APPLICANT NAME  (please print)  SOCIAL SECURITY NUMBER (or assigned 9-digit number)

__________________________________________ ____________________________________________________
ADDRESS TELEPHONE

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

__________________________________________
APPLICANT’S SIGNATURE DATE

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DOES THE PERSON NAMED ABOVE HAVE A PERMANENT PHYSICAL OR MENTAL DISABILITY THAT
SUBLANTLY 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 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

DER-MRS 159 (R 06/01)
§230.25(ln)3., Wis. Stats.
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); and
- 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 Employment Relations, Division 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 the “SEND TO:” address at the top of the form. 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 Division of Affirmation Action at (608) 266-5709, TTY (608) 267-1004. If you have specific questions about verification for eligibility, call the Division of Merit Recruitment and Selection and ask to speak to the Certification Unit. Our telephone number is (608) 266-1732, TTY (608) 266-1498.

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, submit a Request for Examination Accommodation form (DER-MRS-40) by mail or FAX (608-267-1000) at least one week before the examination. You can obtain this form wherever state employment applications are available. If you cannot obtain a form, or you cannot submit the form on time, telephone us, and we will try to arrange an accommodation.