

**ADA Reasonable Accommodation Request Form**

The purpose of this information is to process the reasonable accommodation request. Completion of this form is not mandatory; however, failure to provide the information may result in your reasonable accommodation request not being processed. Privia Health will keep your reasonable accommodation request confidential and use it solely for the purpose of the candidate application process.

Date: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Opening Title: \_\_\_\_\_ Location: \_\_\_\_\_

Describe the reasonable accommodation(s) you believe is needed for the application process and/or an interview.

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Please attach any supporting documentation you are comfortable sharing that may be helpful in evaluating and/or implementing this request for accommodation.

**Candidate signature:** \_\_\_\_\_

Please email your completed form to [accomodations@priviahealth.com](mailto:accomodations@priviahealth.com)