

Applicant Special Accommodations Request Form

Section I – Applicant Information

Name: _____
Last First Middle

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Date of Birth: ____/____/____ Gender (circle one): Male Female
Month Day Year

Section II - Information About Your Disability and Requested Accommodations

Describe the nature of your disability? *Please indicate the specific diagnosis.*

When was your disability first diagnosed? _____

How does your disability affect your daily life?

How does your disability affect your ability to take the examination?

What accommodations are you requesting during the examination?

- | | |
|--|--|
| <input type="checkbox"/> Additional Time – Time and a half | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Additional Time – Double Time | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Zoom Text | <input type="checkbox"/> Separate Room |
| <input type="checkbox"/> Screen Magnifier | <input type="checkbox"/> Other _____ |

What accommodations have you received in the past for the following exams?

National Physical Therapy Exam _____

PT/PTA School Exams _____

Undergraduate College Exams _____

Standardized Exams (e.g., SAT, GRE, etc.) _____

Section III - Documentation Requirements

A comprehensive and current report (no more than three years old) from a professional qualified for evaluating your disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization of the professional making the diagnosis and accommodation recommendation.
- A diagnosis of the disability pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD), the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised) or other applicable and recognized professional standard with copies of all evaluations and reported scores from professionally recognized diagnostic tests, where applicable.
- Recommendation for specific accommodations.
- Rationale for requesting specific accommodations.

Section IV – Candidate Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

Applicant Signature

Date

Professional Documentation of Disability Form

Section I – Applicant Information

Name: _____
Last First Middle

Date of Birth: ____/____/____ SSN: _____
Month Day Year

Exam Type (circle one): Physical Therapist (PT) Exam Physical Therapist Assistant (PTA) Exam

Section II – About the Exam

The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer at a testing center. Minimal computer skills are required.

Standard testing conditions:

Exam	Number of Questions	Time Allowed	Scheduled Break	Unscheduled Breaks
PT	250 (delivered in 5 sections of 50 questions each)	5 hours	15 minute break after section 2	Breaks can be taken after sections 1, 3, and 4; however, the exam timer will continue to elapse
PTA	200 (delivered in 4 sections of 50 questions each)	4 hours	15 minute break after section 2	Breaks can be taken after sections 1 and 3; however, the exam timer will continue to elapse

Section III – Professional Contact and Background Information

Name: _____ Title: _____

License Number: _____ Expiration Date: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for testing. You may also attach your CV to show this information.

Professional Documentation of Disability Form

Section I – Applicant Information

Name: _____
Last First Middle

Date of Birth: ____/____/____ SSN: _____
Month Day Year

Exam Type (circle one): Physical Therapist (PT) Exam Physical Therapist Assistant (PTA) Exam

Section II – About the Exam

The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer at a testing center. Minimal computer skills are required.

Standard testing conditions:

Exam	Number of Questions	Time Allowed	Scheduled Break	Unscheduled Breaks
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Section III – Professional Contact and Background Information

Name: _____ Title: _____

License Number: _____ Expiration Date: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for testing. You may also attach your CV to show this information.

Section IV – Disability and Requested Accommodations

1. Describe the diagnosed disability and date of diagnosis. Attach all written evaluations supporting the diagnosis, including the scores and interpretive data for all administered diagnostic tests.

2. Date of your last consultation with the candidate _____

3. Please describe: (1) the nature, history, and extent of the disability; (2) how it limits one or more of the candidate's major life activities; (3) if the disability will change in any way over time. In case of a learning disability, include specifics as to the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.)

4. What effect does the disability have on the candidate's ability to perform on the test as described above?

5. What are your specific recommendations for accommodations for this candidate? **Please include an explanation of why these accommodations are required.**

____ Additional Time – Time and a half

____ Reader

____ Additional Time – Double Time

____ Scribe

____ Zoom Text

____ Separate Room

_____ Screen Magnifier _____ Other _____

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of accommodations requested are based on my professional judgment. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

Signature

Date

Name (Printed)