

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona administrative procedure act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under Arizona Revised Statutes section §41-1033 for a review of the statement.

SUBSTANTIVE POLICY STATEMENT - ARIZONA BOARD OF PHYSICAL THERAPY

Requests for Accommodations under the Americans with Disabilities Act (ADA) to the National Physical Therapist Examination (NPTE) and to the Arizona Jurisprudence (Laws) Examination

The purpose of this substantive policy statement is to clarify the requirements for filing a request for accommodations to the NPTE and to the Arizona Laws Examination in order to ensure that qualified individuals with disabilities are provided the protections guaranteed them under Title II of the Americans with Disabilities Act (ADA). It is the policy of the Arizona Board of Physical Therapy ("Board") to approve accommodation requests when the examination candidate demonstrates he or she has a qualifying disability. The cost of the accommodation to the NPTE is borne by the examination administering organization – the Federation of State Boards of Physical Therapy.

The ADA provides that qualified individuals have a "level playing field" when taking an examination. This means the examination accurately reflects an individual's aptitude or achievement level with respect to what the examination intend to assess or measure. ADA accommodations are provided in order to bring the candidate's ability to take the examination up to the ability of an average person in the general population.

The ADA defines a qualified individual with a disability as "one who with a disability, satisfies the requisite skill, experience, education and other requirements of the service, program, or activity, and with or without reasonable accommodation, can perform the essential functions of the service, program, or activity".

If a candidate is requesting any accommodation for standard testing conditions because of a disability, the disability must be one that is covered by the ADA. This means that the candidate must have a documented physical or mental impairment that substantially limits one or more major life activities.

- a **physical impairment** is defined by the ADA as:
Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.
- a **mental impairment** is defined by the ADA as:
Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Given the wide variety of possible disabilities, neither the law itself nor the regulations list all specific diseases or conditions that might constitute "physical or mental impairments. An impairment is a "disability" under the ADA only if it **substantially limits** one or more **major life activities**. An individual must be unable to perform, or be significantly limited in the ability to perform, an activity when compared to an average person in the general population. The determination as to whether an individual is substantially limited is based on the effect of an

impairment on that individual's life activities. Some impairments, such as blindness or deafness, are by their nature substantially limiting, but many other impairments may be disabling for some individuals but not for others, depending on the impact on their activities. Major life activities are activities that an average person can perform with little or no difficulty, for example, walking, seeing, hearing, speaking, breathing, learning, performing manual tasks, caring for oneself, working, sitting, standing, lifting, or reading.

The purpose of an accommodation is to reduce or eliminate a disadvantage due to a limitation that an individual who is disabled may have compared to the general population. The disability must be a substantial limitation to one or more major life activities. An accommodation should not give the individual an unfair advantage over others taking the examination. An accommodation also cannot change the purpose of the examination. An accommodation is also outcome neutral such that granting an accommodation does not guarantee that the individual will pass the examination.

The candidate must first satisfy the requirements that all exam applicants meet in regard to skill, experience, education and other job related requirements of the occupation and be able to perform the essential functions of the occupation.

Upon receipt of a request for examination modifications, the Board will request that the applicant submit substantiation of the need for the accommodation based on the following criteria:

- Documentation and Substantiation of a Learning Disability: Documentation of the candidate's need for accommodations due to a disability that substantially limits one or more major life activities for the previous six (6) years (from the date of application to the Board). The documentation must also address how the disability leads to functional limitations and illustrate how the limitation or limitations inhibit the individual from performing one or more major life activities. Additionally the documentation must include a history of the disability and any past accommodations granted. An Individualized Education Plan (IEP) is not sufficient documentation alone, but may be considered as part of the documentation. The documentation should include identification of the specific standardized and professionally recognized test/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale) and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, information processing and a diagnosis. The diagnostic report must include specific recommendations for accommodations, and the recommendations must be supported with specific test results or clinical observations. The candidate and the evaluator must demonstrate that the requested accommodation is appropriate for the disability and must demonstrate the impact that the disability has on his or her ability to test an examination.
- Qualifications of Evaluator: The credentials of the professional providing the evaluation must validate the professional's qualifications to diagnose and treat the disability specified. Documentation must be on professional letterhead, typed, signed and dated. The signature must include the evaluator's name, title and professional credentials. The Board will accept evaluations from the following professionals:
 - Licensed physicians including, but not limited to, the following certifications: neurology, family practice, orthopedics, physical medical medicine and rehabilitation, and psychiatry;
 - Licensed psychologists who practice in the field of performing evaluations for assessing individuals for mental disorders that might impact those persons' academic or testing performance.
- Board Review: The request and complete file will be forwarded to the Board and will be placed on the next regular session meeting for discussion and action. The Board shall review

only those requests that are consistent with this policy. Consultation with the Board's Assistant Attorney General and with the Arizona Office for Americans with Disabilities may be obtained in advance of the Board review, and a summary of any recommendations or advice from those consultations will be prepared for the Board's consideration.

- Expert Review: If the Board is unable to interpret test results provided as documentation for a disability and therefore determine whether a candidate has a disability that qualifies the candidate for accommodations, the Board may elect to refer the request to an expert.
- Board Determination: Once the individual is determined to be covered under the ADA, then the requested accommodation should be considered in terms of whether:
 - The accommodation requested will fundamentally alter the examination,
 - The accommodation requested is appropriate to the identified need,
 - The accommodation is reasonable,
 - The request is within the parameters of the ADA's requirements.
- Confidentiality: The Board and staff shall maintain confidentiality of all medical and diagnostic information and records.

Temporary conditions like a broken leg, a physical condition that is not the result of a physiological disorder (e.g., pregnancy), personality traits, and economic or cultural disadvantages are not disabilities under the ADA. "Stress" and "depression" may or may not be considered impairments, depending on whether they result from a documented physiological or mental disorder. Nonspecific diagnoses such as "academic problems," "learning style differences," "slow reader," or "test difficulty or test anxiety" do not by themselves constitute a learning disability.

An applicant who disagrees with the Board action relative to the request for accommodation may file an appeal; the Board shall hold a hearing pursuant to A.R.S. title 41, chapter 6, article 10.

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.

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)

School ADA Accommodation History Form

Section I – Applicant Information

Name: _____
Last First Middle

Address: _____

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

Phone: _____

The following sections are to be completed by the person responsible for disability services

Section II – School Contact Information

Name: _____ Title: _____

School Name and Address: _____

Phone: _____ Fax: _____ Email: _____

Section III – Disability and Accommodations History

1. Specify the type of disability for which the candidate received accommodations (e.g., visual, learning/cognitive, psychological, ect.)

2. What accommodations were provided to this candidate while he or she was a student at your institution (check all that apply)?

<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 _____

I certify that the information provided by me on this form is true and correct to the best of my knowledge. 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)

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