

Applicant Special Accommodations Request Form

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

Information About Your Disability and Requested Accommodations

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

How does your disability affect your daily life?

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

What accommodation are you requesting during the examination?

_____ Additional Time - Time and a half	_____ Reader
_____ Additional Time - Double Time	_____ Scribe
_____ Paper and Pencil Exam	_____ Separate Room
_____ LARGE PRINT Paper and Pencil Exam Reader	_____ 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.) _____

Documentation Requirements

Please provide a comprehensive and current report (no more than three years old) from a professional qualified for evaluating your disability. 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.

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