FSBPT Guide to Testing Accommodations
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Overview

Licensing authorities have the responsibility of protecting the health, welfare and safety of the public. Each licensing authority establishes standards for minimum competence for those individuals that it credentials by offering examinations that meet professional psychometric standards that comply with pertinent state and federal laws. The Americans with Disabilities Act of 1990 (ADA), which was amended in 2008 (ADAAA), prohibits discrimination based on disability. It covers all agencies that offer or require tests for employment, licensing, certification or education. Subsequent referrals to the ADA will be based on the amended act and resultant regulations.

This document is intended to be used as a resource by member boards of the Federation of State Boards of Physical Therapy as it pertains to testing candidates with disabilities and assisting with decisions on who should be accommodated and how. This guide should provide licensing authorities with the fundamentals regarding testing accommodations policies and procedures for administering accommodations.

This document is not intended to provide legal advice or recommendations. Case law and agency regulations will continue to clarify and refine the ADA.

FSBPT Role

Each licensing authority has the right and responsibility to approve reasonable and appropriate accommodations for candidates who meet the requirements specified in the ADA. The Federation of State Boards of Physical Therapy (FSBPT) will evaluate any accommodation approved by a licensing authority that is not on the standard list of accommodations to ensure that the requested accommodation does not compromise the psychometric integrity, security and/or fairness of the examination. FSBPT will then communicate those requests from the licensing authority to the specified Test Delivery Vendor so that candidates receive the approved accommodations when taking an examination.

In addition to coordinating requests for accommodations from licensing authorities, FSBPT may reimburse licensing authorities for the cost associated with administering standard accommodations that are necessary for candidates who have a disability and require accommodations under the ADA. To request reimbursement the licensing authority must indicate their reimbursement preference in the Federation’s Jurisdiction Online Processing System and complete the Testing Accommodations Information form as part of the electronic exam approval process. FSBPT will not reimburse licensing authorities for accommodations that are provided for candidates who do not have a disability that is covered by the ADA or for accommodations that are not considered as standard accommodations or for any accommodations associated with the jurisprudence exam. Please note, regardless of reimbursement, the licensing authorities must offer appropriate accommodations, not just the standard accommodations.
FSBPT can also serve as a resource to the licensing authority when non-standard accommodations are necessary. FSBPT will work with the licensing authority and the Test Delivery Vendor to make sure the needs of the candidate who has a disability are met.

Current ADA Information
Two of the primary purposes of the Americans with Disabilities Act (ADA) of 1990, as stated in the act, are:

1. To provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities
2. To provide clear, strong, consistent, enforceable standards addressing discrimination against individuals with disabilities

Purpose of the ADA
The purpose of the ADA is to ensure that otherwise qualified individuals are granted appropriate accommodations so as to permit them to be tested on their true abilities. This means the exam must be administered so as to best ensure that the results accurately reflect the individual’s aptitude or achievement level the examination purports to measure and not the impairment. It should be noted that the regulations interpreting the ADA in relation to testing require that the examination be administered to “best ensure” that the examination results accurately reflect the aptitude or level of achievement of the applicant, and that to “best ensure” may go beyond providing only a “reasonable accommodation.” Licensing authorities must maintain the standards of this act in accordance with local law when it comes to applicants taking the physical therapist and physical therapist assistant examinations.

Definition of a Person with a Disability
According to the ADA, an individual with a disability is defined as one who has a physical or mental impairment that substantially limits that person in one or more major life activities, has a record of such a physical or mental impairment, or is regarded as having such a physical or mental impairment. Although this definition did not change with the amended act in 2008, it did make important changes in the language and the rules of construction to make it easier for individuals to establish that he or she has a disability.

Licensing authorities that function to serve and protect the welfare of the public, must deem each applicant as a qualified individual before taking the licensure exam. 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.

Applicant Responsibilities
A licensing authority can only make accurate decisions on proper applicant accommodations when it has all of the necessary information and documentation. As a result the applicant has
the responsibility of delivering current information to the licensing authority in a timely manner. The responsibilities of the applicant should be clearly stated in any policy or procedure related to ADA. It should also be stated that all of the documentation provided would be kept in a confidential manner. Only those who take part in the decision making process are privilege to documentation concerning an applicant’s application for accommodations. Appendix 2 provides a Sample Applicant Testing Accommodations Request Form that can be used or modified to fit each licensing authority’s requirements.

The applicant should keep in mind that appropriate documentation should include a verification of the specific disability. A licensed professional or a certified specialist appropriate for the disability must:

1. Verify the need for the accommodation using professional recognized criteria
2. Provide documentation detailing how the disability leads to functional limitations
3. Provide documentation that illustrates how the limitation or limitations inhibit the individual from performing one or more major life activities

**Accommodations**

**Purpose**
The purpose of an accommodation is to ensure that an examination accurately evaluates an individual on the knowledge, skills and abilities the examination is designed to measure and that the evaluation does not reflect the effects of any unrelated disability. 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.

**Overview of the Accommodation Decision Process**
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.

The licensing authority should then determine if the individual is covered by ADA using Appendix 2, Sample Applicant Testing Accommodations Request Form, or a similar form. Using a standard form helps to ensure that the licensing authority’s documentation requirements are uniform.

The ADA established specific rules of construction that should be applied when determining whether an impairment substantially limits an individual in a major life activity. These rules of construction include the following:
1. The term “substantially limits” shall be construed broadly in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA.

2. An impairment is a disability if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population.

3. The primary issue in a case brought under the ADA should be whether the covered entity has complied with its obligations and whether discrimination has occurred, not the extent to which the individual’s impairment substantially limits a major life activity.

4. In making the individualized assessment required by the ADA, the term “substantially limits” shall be interpreted and applied to require a degree of functional limitation that is lower than the standard for substantially limits that was applied prior to the ADA Amendments Act.

5. The comparison of an individual’s performance of a major life activity to the performance of the same major life activity by most people in the general population usually will not require scientific, medical, or statistical evidence.

6. Except for ordinary eyeglasses and contact lenses, the ameliorative effects of mitigating measures such as medication or hearing aids, shall not be considered in assessing whether an individual has a disability that substantially limits a major life activity.

7. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

8. An impairment that substantially limits one major life activity need not substantially limit other major life activities in order to be considered a substantially limiting impairment.

Once the individual is determined to be covered under the ADA, then the requested accommodation should be considered in terms of whether:

1. The accommodation requested will fundamentally alter the examination,
2. The accommodation requested is appropriate to the identified need,
3. The accommodation is reasonable, and
4. The request is within the parameters of the ADA’s requirements.

When considering if an accommodation is appropriate for a disability it is important to understand the impact the candidate’s disability has on test taking. Information regarding impact on the candidate should be provided directly by the candidate as well as by a qualified professional.

An accommodation request may be unreasonable if it causes the licensing authority undue hardship. According to the ADA undue hardship means an action requiring significant difficulty or expense when considering the following:

1. The nature and cost of the accommodation
2. The overall financial resources of the facility involved in providing the accommodations or the impact of the accommodation on operations of the facility
3. The overall financial resources of the licensing authority
4. The types of operations of the licensing authority

The standard accommodations that are currently available to candidates for the NPTE are:

1. An additional 30 minutes
2. One and half times the standard time given
3. Double the standard time given
4. Zoom Text (software that enlarges print on the computer screen)
5. Screen Magnifier
6. Separate room
7. Reader
8. Scribe

If a candidate requests a reasonable accommodation that is not included in the standard list, FSBPT, licensing authority and Test Delivery Vendor will work together to accommodate the individual. FSBPT does not reimburse licensing authorities for the cost associated with non-standard accommodation requests. Some examples of other accommodations that have been provided in the past are:

1. Colored overlays
2. Ear plugs

**Evaluating an Existing ADA Policy**

If the licensing authority has a written policy regarding candidates with disabilities it should be reviewed with the following things in mind:

1. Is the focus of your policy to provide equal access and prevent discrimination? The policy should not be specifically about providing accommodations.
2. Does the policy work consistently or do you find that you have to make regular exceptions to the policy?
3. Is the policy correctly interpreted by all staff and applied uniformly to applicant requests?
4. Is there a process that allows documentation regarding disabilities to be reviewed by qualified individuals? Licensing authority staff can be trained to do a credible first review. However, if there are questions about a disability an expert review may be required.
5. Does the policy comply with the specific rules of construction noted above?
6. Has the policy been reviewed by legal counsel?
Creating an ADA Policy

If your licensing authority does not have a current policy regarding candidates with disabilities the following guidelines are provided to assist you. In addition, a sample ADA policy is provided in Appendix 1 of this document.

1. To avoid challenge and possible inequities, the policy should be kept current, concise and well defined.
2. The policy should be applied to all cases uniformly and equitably.
3. It should contain general timeframes tied to the application and indicate the specific approval process. The timelines should be reasonable and intended to give an applicant an idea of what to expect and when to expect it. The timelines should also be constructed to provide that the administration of the examination to an applicant seeking an accommodation is not delayed, compared to applicants not seeking an accommodation, so long as the applicant timely submits the required documentation and information.
4. It should spell out who the decision makers are with regards to approval authority.
5. The policy should be reviewed by the licensing authority’s legal advisor, formally adopted by the board, and made a matter of public record.
6. The policy should be easily and readily available to the public. This can be accomplished by posting notices of the policy, or pointers to the policy on your website, in your newsletter, or on your application forms. Be prepared to offer alternate formats of the policy as an accommodation for those who may be visually impaired.
7. Make certain your policy states clearly its purpose and intent, citing protections guaranteed under Title III of the Americans with Disabilities Act, and the provision of equal access to all applicants.
8. Applicant requests for accommodations should be considered on a case-by-case basis. For example, the policy cannot state that all candidates who have a visual impairment will receive an accommodation of a paper and pencil exam. When considered on a case-by-case basis the accommodations that will benefit the applicant may vary even if the diagnosed disability is the same as another applicant.
9. If multiple types of accommodations are requested, the policy should clearly state that each accommodation will be considered on its own merit relative to the documentation received regarding the disability.
10. Provide applicants with a standard process. The process should detail the documentation requirements of the applicant. At a minimum, the following should be required from applicants:
   a. A written statement describing the nature of the applicant’s disability and why an accommodation is necessary. The statement should include: date of original diagnosis, impact on daily life, impact on computerized examinations, and prior accommodations relevant to testing situations.
   b. Documentation from a practitioner who is qualified to make the diagnosis.
11. The licensing authority should have a standard process for keeping applicants informed of where they are in the process. The licensing authority should submit to the applicant notifications of the applicant status including:
   a. Acknowledgement of when the applicant’s request was received.
   b. Notice of insufficient or incomplete documentation.
   c. Written notification upon the approval or denial of applicant’s request for accommodations.

12. If an applicant’s request for accommodation is denied, the licensing authority should have a uniform explanation or language in place which will respond to, and inform the applicant of the reason for the denial. Possible reasons being:
   a. The applicant’s documentation was insufficient or incomplete.
   b. The requested accommodation is not an appropriate match for the disability. For example, if the applicant requests a screen magnifier as an accommodation for a hearing impairment and has not provided sufficient documentation to show that the screen magnifier will compensate for the hearing impairment. The accommodation requested and the disability is a mismatch in this example.
   c. The documentation provided shows that the applicant is not substantially limited in one or more major life activity; and therefore, not eligible for accommodations.
   d. The accommodation is not considered reasonable and would prove to be an undue hardship on the licensing authority. Caution should be taken in applying this reason since case law has frequently found in favor of the candidate in this regard.
   e. The accommodation requested would fundamentally alter what is being measured by the examination.

13. Although the ADA has no requirement to provide an opportunity for reconsideration of a licensing authority’s decision, it is ideal to have a policy that allows for petition and reconsideration.
   a. The policy should require an applicant to provide or show evidence of new or additional information that is pertinent to the applicant’s request but was omitted from the original request.
   b. Some licensing authorities may have statutes or rules that allow challenge to the licensing authority’s decision in the form of a hearing.
   c. The policy should include a timeline for the applicant to appeal.

14. All policies should include a Confidentiality Statement that protects the applicants’ privacy. The statement should include:
   a. Who has a need to see or have access to the information? This should include the Federation of State Boards of Physical Therapy.
   b. Where the information will be kept.
      i. This information may contain medical records and history which under HIPAA is exempt from public record law.
      ii. Notation that all records will be confidentially and securely contained.
      iii. The information will not be released to a third party unless a written authorization is provided by the applicant.
iv. If licensure files are public record, testing accommodations information should be maintained separate from the public information.

c. The retention period of the record.

Potential Pitfalls
When developing or reviewing policies regarding testing accommodations it is important to be aware of issues you may face.

Does your policy cover most types of ADA requests?
You will want to make sure that your policy is robust enough that you are not making exceptions to your policy. Once you make an exception for one candidate then other candidates may expect the same consideration. This is not to say your policy shouldn’t allow for a candidate to appeal a decision about whether or not an accommodation is granted, but all initial decisions and reconsiderations should follow policy.

Have you addressed courtesy accommodations?
Your policy for accommodations should also address if courtesy accommodations will be granted. (Note – FSBPT will not reimburse licensing authorities for the cost of courtesy accommodations.) A courtesy accommodation would be an accommodation for a person who does not have a disability but has a circumstance that the individual believes merits an accommodation. An example would be a candidate with a broken leg. A broken leg is not a disability in that it is not a lifelong impairment; rather it is a temporary state. If your policy indicates that accommodations will only be granted for candidates who qualify under the Americans with Disabilities Act, the candidate with the broken leg could not be accommodated. Therefore if you would envision providing such a candidate with accommodations you would want to make sure your policy allowed for such accommodations.

Should medical information be referred to an expert?
Lastly, when considering whether or not a candidate has a disability that qualifies the candidate for accommodations, you need to know when to refer to an expert. The staff and/or members of the board may not be able to interpret test results provided as documentation for a disability. Therefore, the policy should indicate the process for having an expert review. By having the policy clearly delineated, the board and its staff will be able to make sure accommodations are receiving appropriate review when necessary. However, in the rules of construction, the ADA regulations expect that there will not be a need for extensive evidence.

Glossary of Terms
- Disability – The term disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of an individual, a record of such an impairment or being regarded as having such an impairment.
Physiological disorder would include the following body systems:
- Neurological
- Musculoskeletal
- Special sense organs
- Respiratory (including speech organs)
- Cardiovascular
- Reproductive
- Digestive
- Genitourinary
- Immune
- Circulatory
- Hemic and lymphatic
- Skin
- Endocrine

Mental or psychological disorder would include:
- Intellectual disability
- Organic brain syndrome
- Post traumatic stress syndrome
- Emotional or mental illness
- Specific learning disabilities

Major life activities
- General Major life activities would include, but not limited to:
  - Caring for oneself
  - Performing manual tasks
  - Seeing
  - Hearing
  - Eating
  - Sleeping
  - Walking
  - Standing
  - Sitting
  - Reaching
  - Lifting
  - Bending
  - Speaking
  - Breathing
  - Learning
  - Reading
  - Concentrating
  - Thinking
  - Communicating
  - Interacting with others
  - Working

Operation of a major bodily function:
- Immune system
- Special sense organs and skin
- Normal cell growth
- Digestive, genitourinary, bowel, bladder
- Neurological
- Brain
- Respiratory
- Circulatory
- Cardiovascular
- Endocrine
- Hemic
- Lymphatic
- Musculoskeletal
- Reproductive functions

- Accommodation – an adjustment to ensure that an examination accurately evaluates an individual on the knowledge, skills and abilities the examination is designed to measure and that the evaluation does not reflect the effects of any unrelated disability.
Appendix 1 – Sample ADA Policy

Americans with Disabilities Act (ADA) Examination Accommodations Policy and Procedures
SAMPLE

Purpose:
The purpose of this policy is to provide guidelines for the evaluation and granting of requests for reasonable accommodations in the administration of the National Physical Therapy Examination to qualified applicants with disabilities and to ensure that the examination is administered in a manner that does not discriminate against such applicants in violation of the Americans with Disabilities Act (ADA).

Policy:
The [licensing authority] will grant reasonable and appropriate testing accommodations to qualified individuals with disabilities that register for the National Physical Therapy Examination and the Jurisprudence Exam (if applicable). All requests for accommodations will be considered on a case-by-case basis.

The Federation of State Boards of Physical Therapy (FSBPT) will evaluate any accommodation approved by a licensing authority that is not on the standard list of accommodations to ensure that the requested accommodation does not compromise the psychometric integrity, security and/or fairness of the examination.

Qualified Applicants
The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits that person in one or more major life activities, has a record of such impairment, or is regarded as having such impairment. “Major life activities” include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, eating, standing, sitting, reading, concentrating, thinking and working. A “qualified” individual with a disability is one who meets the statutory and regulatory requirements to sit for the examination and with or without reasonable accommodation, can perform the essential functions of a physical therapist/physical therapist assistant.

Reasonable Accommodation means a modification in the examination administration that does not fundamentally alter the requirements for licensure or the measurement of the knowledge, skills and abilities the examination is designed to test and that it does not impose an undue hardship.

Courtesy Accommodations
(Address in this section if courtesy accommodations will be provided.)
Courtesy accommodations may be granted by [licensing authority] following a review of the applicant’s request and supporting documentation. A courtesy accommodation is an accommodation for a person
who does not have a disability but has a circumstance that the individual believes merits an accommodation. An example would be a candidate with a broken leg who requests that his/her leg be elevated during testing. Documentation from a physician must be submitted with the licensure application stating the temporary condition warranting such accommodation, attesting to the need for such accommodation and identifying the requested accommodation.

**Applicant’s Responsibilities**

The applicant has the responsibility to indicate that testing accommodations will be requested at the time of registering for the NPTE and to submit current information in a timely manner. The required documentation shall include a diagnosis of the specific disability by a professional qualified to assess and diagnose the asserted disability. The documentation must include:

- A current, valid, professionally recognized diagnosis of the candidate’s disability (e.g. pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD) or the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised)) by an appropriately qualified expert with copies of and reported scores from professionally recognized diagnostic tests, where applicable.
- Documentation that clearly identifies the nature and extent of the functional limitations that exist as a result of the diagnosed disability.
- Sufficient evidence to demonstrate that the functional limitation substantially limits the individual in performing one or more major life activity.
- Specific information about the significance of the impact the disability has on the candidate in the testing environment.
- A history of any accommodations previously granted in any educational program or examination.
- Specific recommendations for accommodations.
- An explanation of why each accommodation is recommended and why it is necessary to alleviate the impact of the disability in taking the NPTE examination.

The [licensing authority] reserves the right to request additional information at any time from the candidate requesting accommodations on its examinations.

**Procedure to Request an Accommodation**

1. The applicant must submit the required documentation with the licensure application prior to the approval of the applicant to sit for the National Physical Therapy Examination. Receipt of the licensure application and required documentation will be acknowledged by [licensing authority].

2. If the applicant’s documentation is incomplete or insufficient, notice will be given to the applicant by the licensing authority.

The required documentation includes: (List the names of all forms that are required) Sample Applicant Testing Accommodations Request Form (Appendix 2); Sample Professional Documentation of Disability
Form (Appendix 3); Sample School Confirmation of ADA Accommodation History Form (Appendix 4). The applicant may provide any additional documentation.

The [licensing authority] will review the request only after receiving all of the required documentation. Each request will be considered on its own merit relative to the documentation received regarding the disability.

If the applicant has more than one disability for which he/she is seeking accommodation, separate documentation is required for each disability.

**Confidentiality of Required Documentation**

_How the required documentation will be kept confidential, who needs to have access to the documentation, how long the documentation will be maintained, how information will be released to a third party, etc._

_How the required documentation will be shared with, signed release by applicant, etc._

**Review by the [licensing authority]**

_List the steps to the review process in this section; include time frames telling the applicant what to expect and when to expect it and what happens if an expert review is needed. Spell out who has the authority to approve/deny the accommodation._

Once the individual is determined to be eligible for an accommodation under the ADA, then the requested accommodation will be considered in terms of whether the accommodation:

- Will fundamentally alter the knowledge, skills and abilities the examination is designed to measure,
- Is appropriate to the identified need,
- Is reasonable*, and
- Is within the parameters of ADA’s requirements.

*An accommodation may not be reasonable if it causes the [licensing authority] undue hardship. ADA states that undue hardship means an action requiring significant difficulty or expense. When determining reasonableness, the [licensing authority] will consider the following:

1. The nature and cost of the accommodation,
2. The impact of the accommodation on operations of the testing center,
3. The overall financial resources of the [licensing authority], and
4. The types of operations of the [licensing authority].

**Notification of Determination**
The [licensing authority] will notify the applicant in writing when the review is complete. If the request is denied, the letter will state the reason for the denial. *(Information regarding appealing the decision should be placed here and time frames)*

**Notification of Approval to FSBPT**

The [licensing authority] will notify FSBPT of the approved accommodations by completing the Testing Accommodations Information form that is part of the electronic approval system for the NPTE. FSBPT will coordinate with the Test Vendor and confirm the accommodations with the candidate via the Authorization to Test Letter.

Approved by [licensing authority]: mo/day/year
Effective Date: mo/day/year
Established: month/year
Revised: mo/day/year
Appendix 2 - Sample Applicant Testing 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?

____ Additional Time - 30 Minutes
____ Additional Time – Time and a half           ____ Reader
____ Additional Time – Double Time             ____ Scribe
____ Zoom Text                                 ____ Separate Room
____ Screen Magnifier                          ____ 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
Appendix 3 - Sample 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 testing accommodations consists of objective multiple choice questions which are administered by computer at a testing center. Minimal computer skills are required.

Standard testing conditions:

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

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 – 30 minutes

_____ Additional Time – Time and a half

_____ Reader
FSBPT Guide to Testing Accommodations

_____ 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)
Appendix 4 - Sample 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, etc.)

__________________________________________________________________________

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

Additional Time – 30 minutes

___ Additional Time – Time and a half  ___ Reader

___ Additional Time – Double Time    ___ Scribe

___ Zoom Text                              ___ Separate Room

___ Screen Magnifier                     ___ 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)