

APPLICANT SPECIAL ACCOMMODATIONS REQUEST FORM

Name: _____
Current Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: _____ Alternate Phone Number: _____
Email Address: _____
Date of Birth: ____/____/____

Section II - Information Regarding Your Disability and Requested Accommodations

What type of disability do you have? *Please indicate the specific diagnosis.*

Who diagnosed your disability? Attach documentation indicating that person's credentials (e.g. M.D./Ph.D.)

When was your disability first diagnosed?

How does your disability substantially limit a major life activity?

What accommodations have you received for this disability in the past?

What accommodations are you requesting during the examination?

___ Time and a Half ___ Double Time ___ Paper and Pencil Exam

Reader Separate Room Person to Enter Answers
 Zoom Text Screen Magnifier

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 qualified examiner appropriate for evaluating your disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization for the qualified examiner
- Specific diagnosis
- Specific findings in support of the diagnosis (include relevant test results)
- Recommendation for specific accommodations
- Rationale for requesting specific accommodations

The documentation must be submitted on professional letterhead, typed, signed with an original signature including title of evaluator and license number.

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, the impact it has on my daily life and my ability to take computerized examinations.

Applicant Signature