# EXAM APPLICANT - SPECIAL ACCOMMODATIONS REQUEST FORM

## SECTION I: APPLICANT

<table>
<thead>
<tr>
<th>Full Legal Name: First:</th>
<th>Middle:</th>
<th>Last:</th>
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<table>
<thead>
<tr>
<th>Social Security #:</th>
<th>Date of Birth:</th>
<th>Gender:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Male □</td>
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<table>
<thead>
<tr>
<th>Home Street Address:</th>
<th>City:</th>
<th>State/Province:</th>
<th>Zip Code:</th>
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<thead>
<tr>
<th>Home Phone:</th>
<th>Cell Phone:</th>
<th>Email Address:</th>
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## SECTION II: INFORMATION ABOUT YOUR DISABILITY AND REQUESTED ACCOMMODATIONS

- **What type of disability do you have?** (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 computerized examinations?**
- **What accommodations are you requesting during the examination?**
  - □ Additional Time- Time and a half
  - □ Additional Time- Double time
  - □ Separate Room
  - □ Reader
  - □ Scribe
  - □ 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., ACT, SAT, GRE, etc...):

## SECTION III: DOCUMENTATION REQUIREMENTS

A comprehensive and current report from a qualified professional 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
- Rational 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 impact it has on my daily life and computerized examinations.

Signature: ____________________________

Date: ____________________________