



WEST VIRGINIA BOARD OF PHYSICAL THERAPY

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Charleston, West Virginia 25311
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EXAM APPLICANT- SPECIAL ACCOMMODATIONS REQUEST FORM

SECTION I: APPLICANT			
Full Legal Name: First:	Middle:	Last:	
Social Security #:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Street Address:	City:	State/Province:	Zip Code:
Home Phone:	Cell Phone:	Email Address:	

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? <input type="checkbox"/> Additional Time- Time and a half <input type="checkbox"/> Additional Time- Double time <input type="checkbox"/> Separate Room <input type="checkbox"/> Reader <input type="checkbox"/> Scribe <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., 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: <ul style="list-style-type: none"> 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: _____