

# TEXAS PT/PTA Testing Accommodation Request

## *Policy, Procedure and Form*

### **ADA Policy and Procedures**

The Texas Board of Physical Therapy Examiners adopts these policies and procedures to guide its review and approval of testing accommodations for the national licensure exam, so that it will uniformly and fairly provide reasonable accommodations to qualified individuals with disabilities as guaranteed by the Americans with Disabilities Act (ADA).

### **Qualified Applicants**

The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits a “major life activity”; 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, and working. A “qualified” individual with a disability is one who meets the essential eligibility requirements for the exam. The Board will consider a request for testing accommodation from a qualified applicant who has taken the exam previously without a testing accommodation if the documentation requirements are met.

Individuals with temporary conditions such as pregnancy, sprains or fractures, which are not disabilities as defined by the ADA, are not eligible for testing accommodations.

### **The Board’s Responsibility**

The Board is required to make reasonable modifications in any policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration in the examination would result. To do so, it must furnish auxiliary aids and services when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result. The Board may not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure nondiscriminatory treatment, such as making modifications required to provide program accessibility or providing qualified interpreters. The Board must operate the examination so that, when viewed in its entirety, it is readily accessible to and usable by individuals with disabilities. Finally, the Board cannot require an individual with a disability to accept a testing accommodation if the individual chooses not to accept it.

### **The Request and Review Process**

#### *Request for an Accommodation*

The applicant must submit the required documentation prior to the Board’s approval of the applicant’s registration for the national exam.

The required documentation includes: Request for Accommodation form; the Consent to Release Information form; and the Professional Documentation of Disability Form completed by the licensed health professional who tested the applicant for the disability.

The Board will review the request only after receiving all of the required documentation.

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

### *Review by the Board*

Board staff will review and approve requests and documentation. Staff will consult with a Board member if unable to reach a determination.

Completed requests will generally be reviewed promptly, usually within a week. If in the rare instance outside consultation is required, the applicant will be given an estimate of the time the review process will take.

### *Notification of Determination*

The Board will notify the applicant in writing when the review is complete. If the request is denied, the letter will state the reason for denial.

### **Confidentiality**

Testing accommodation requests will be kept on file separately from the applicant's licensure file. The request will be kept until the applicant passes the national examination. Once the applicant has passed the exam, the request will be maintained in the files for three years and then destroyed, as per the agency record retention schedule.

The information in the request will be shared only with the provider of the national examination, unless the applicant provides a written authorization to the board or the records are requested under the Texas Open Records Act.



4. How does the disability affect your ability to take computerized examinations?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What specific accommodations are you requesting during the examination? (check the ones that apply)

<input type="checkbox"/>	Additional Time – Time and a half	<input type="checkbox"/>	Reader
<input type="checkbox"/>	Additional Time – Double time	<input type="checkbox"/>	Scribe (one who enters the examinee’s responses)
<input type="checkbox"/>	Screen magnifier	<input type="checkbox"/>	Separate Room
<input type="checkbox"/>	Zoom Text (software that enlarges the print on the computer screen)	<input type="checkbox"/>	Other (Non-Standard) - Please describe below

Non-Standard accommodation requested: \_\_\_\_\_

6. 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.) \_\_\_\_\_

High School Exams \_\_\_\_\_

If you are seeking accommodation for more than one disability, separate documentation is required for each disability.

**CANDIDATE ATTESTATION**

By signing this form, I attest 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 my ability to take computerized examinations.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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 a detailed explanation of why these modifications are required.

<input type="checkbox"/>	Additional Time – Time and a half	<input type="checkbox"/>	Reader
<input type="checkbox"/>	Additional Time – Double time	<input type="checkbox"/>	Scribe (one who enters the examinee's responses)
<input type="checkbox"/>	Screen magnifier	<input type="checkbox"/>	Separate Room
<input type="checkbox"/>	Zoom Text (software that enlarges the print on the computer screen)	<input type="checkbox"/>	Other (Non-Standard) - Please describe below

Non-Standard accommodation requested: \_\_\_\_\_

Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for testing.

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 \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Professional \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
*Street address/PO Box*

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Phone Number \_\_\_\_\_



**Executive Council of PT & OT Examiners**  
 333 Guadalupe St, Suite 2-510 Austin, TX 78701-3942  
 Phone (512) 305-6900 fax (512) 305-6970  
 www.ecptote.state.tx.us

APP. NO: \_\_\_\_\_

**Consent to Release Information**

*Submit one copy of this form to the Board office, and one copy to your diagnostician.*

I authorize \_\_\_\_\_ to release any and all  
*(diagnostician's name)*

information regarding my disability(ies) to the Texas Board of PT Examiners.

I understand that information obtained by this authorization will be used to determine my eligibility for reasonable accommodations in taking the:

Circle one:    **Physical Therapy (PT) Exam**        **Physical Therapist Assistant (PTA) Exam**

\_\_\_\_\_  
 Candidate Signature

\_\_\_\_\_  
 Date