## **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 alternation 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.

<u>The required documentation includes:</u> 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.

1

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.



#### **Executive Council of PT & OT Examiners**

333 Guadalupe St, Suite 2-510 Phone (512) 305-6900 www.ecptote.state.tx.us Austin, TX 78701-3942 fax (512) 305-6970

APP. NO: _	 	

#### PT/PTA TESTING ACCOMMODATION REQUEST

Submit this application to the Board at the address listed above BEFORE you register with the Federation to take the national examination. NAME First Middle Last SSN Phone Number **CURRENT MAILING ADDRESS** Street address/PO Box City State Zip 1. What type of disability do you have, and how does it substantially limit one or more of your major life activities? (Specific diagnosis required) 2. When was your disability first diagnosed? \_\_\_\_\_ 3. How will your disability affect your ability to take the licensure examination? OFFICE USE ONLY Professional Doc. rec'd Reviewed by/Date Approved by/date

Applicant Name	Page 2
4. How does the disability affect your ability to	take computerized examinations?
5. What specific accommodations are you requ	uesting during the examination? (check the ones that apply)
Additional Time – Time and a half	Reader
Additional Time – Double time	Scribe (one who enters the examinee's responses)
Screen magnifier	Separate Room
Zoom Text (software that enlarges the print on the computer screen)	Other (Non-Standard) - Please describe below
Non-Standard accommodation requested:	
6. What accommodations have you received in	n 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 that disability.	an one disability, separate documentation is required for each
CANDIDATE ATTESTATION	
	n I have provided on this request is true and accurate. I have act it has on my daily life and my ability to take computerized
Applicant Signature	Date



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APP. NO:	

#### PROFESSIONAL DOCUMENTATION OF DISABILITY

Submit this form to the diagnostician for completion and return it to the Board of PT Examiners at the above address. The diagnostician should be a qualified professional with expertise in the area of the diagnosed disability. Candidate's Name: First Middle Last SSN Date of Birth (mm/dd/yy) Exam Type (circle one) Physical Therapist (PT) Exam Physical Therapist Assistant PTA) Exam About the Exam The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer at a testing center. Minimal computer skills are required. PT exam - Maximum 5 hours in length, 250 items, in 5 sections, with a scheduled 15 minute break after the second section. The candidate has the option of taking 2 additional 15 minute breaks, but the exam time continues to elapse. PTA exam - Maximum 4 hours in length, 200 items, in 4 sections, with a scheduled 15 minute break after the second section. The candidate has the option of taking one additional 15 minute break, but the exam time continues to elapse. **DISABILITY AND REQUESTED ACCOMMODATIONS** 1. Describe the specific diagnosis of the disability. 2. 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.) 3. When was the disability first diagnosed, and when was the last evaluation done? Describe the tests used to diagnose the disability, the findings and interpretations of the test results. Attach extra sheets as needed.

Candidate's Name	Page	2 (
4. What effect does the disability have on the	ne candidate's ability to perform on the test as described above?	
5. What are your specific recommendations explanation of why these modifications are r  Additional Time – Time and a half  Additional Time – Double time	for accommodations for this candidate? Please include a detaile equired.  Reader  Scribe (one who enters the examinee's responses)	ed.
Screen magnifier	Separate Room	
Zoom Text (software that enlarges the print on the computer screen)	Other (Non-Standard) - Please describe below	
I certify that I have the necessary specialize candidate named above, and that the diagno	ence which qualify you to make this diagnosis and recommendation of training to make the above diagnosis, that I personally examine osis and assessment of accommodations requested are based or e candidate has authorized me to provide the information on this f	 d the
	•	
Signature	Date	
Printed Name of Professional	Title	
Street address/PO Box		
City	State Zip	
License Number	Expiration Date Phone Number	
Tasting Assessed Degrees (2000 dee	Expiration Date Filone Number	



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# **Consent to Release Information**

Submit one o	copy of this form to the Board office,	and one copy to your diagnostician.
I authorize _		to release any and all
i authonze _	(diagnostician's name)	to release any and all
information r	,	yas Board of DT Evaminors
illioilliation	egarding my disability(ies) to the Te	ixas board of FT Examiners.
I understand	that information obtained by this au	thorization will be used to determine my eligibility for
	accommodations in taking the:	, , , , , , , , , , , , , , , , , , ,
	-	
Circle one:	Physical Therapy (PT) Exam	Physical Therapist Assistant (PTA) Exam
Candidate Sign	ature	Date