

TEXAS PT/PTA Testing Accommodation Request

Policy, Procedure and Form

The Texas Board of Physical Therapy Examiners provides reasonable and appropriate accommodations on the National Physical Therapy Exam (NPTE) in accordance with the Americans with Disabilities Act (ADA) to individuals with documented disabilities who demonstrate a need for accommodation.

The following information is provided for exam candidates and the diagnosticians/evaluators who assist them in the process of documenting disabilities and applying for accommodations. We urge applicants requesting accommodations to share these guidelines with those professionals responsible for diagnosing their disabilities and recommending accommodations.

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. The purpose of documentation is to validate that the individual is covered under the ADA as a disabled individual.

The Board provides qualified candidates who have documented disabilities in accordance with the ADA with appropriate assistive devices and adjustments that do not fundamentally change the measurement of the skills or knowledge that the exam is intended to test and that do not result in an undue burden to the Board.

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.

Purpose of Accommodations

The purpose of accommodations is to provide equal access to the NPTE. An accommodation, whether an assistive device or an adjustment to the exam procedure, should “match” the identified “functional limitation” so that the impairment caused by the disability is lessened by the device or adjustment to the extent that the person taking the exam has an equal opportunity to display their knowledge of, and skills in, the practice of physical therapy. A functional limitation is something an individual cannot do on a regular and continuing basis due to the disability. To require an accommodation on the NPTE, the functional limitation must substantially and specifically influence the individual’s ability to participate in the exam. It is essential that the applicant’s diagnostician provide a clear explanation of the identified functional impairment and a rationale for the requested accommodation. For example: The inability to control fine motor movement is a functional limitation, in that an individual is unable to use a standard computer mouse to record answers. An appropriate accommodation in this situation might be a large trackball mouse.

General Guidelines for the Applicant

- i The applicant must submit the required documentation prior to the Board’s approval of the applicant’s registration for the national exam.
- i Recommendations must be based on a diagnosis, and proof of appropriate testing by a qualified diagnostician must be submitted for a request to be considered.
- i All documentation submitted in support of a request for accommodations is confidential. No information concerning a request is released without a written request from the candidate.
- i The Board will review the request only after receiving all of the required documentation.
- i The Board may require more information from the applicant or the diagnostician as part of the review of the accommodation request.

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

The following forms are required:

- i **Accommodation Request**
- i **Consent to Release Information**
- i **Professional Documentation of Disability** (This form must be mailed or faxed by the diagnostician directly to the Board.)
- i **Program Verification of Accommodations Received** (if prior accommodations were received)

General Guidelines for Documentation

1. **State a specific diagnosis of the disability.** Diagnosis should be made by a person with appropriate professional credentials, should be specific, and, when appropriate, should relate the disability to the applicable professional standards, for example, DSM-IV.
2. **Be current.** Because the provision of reasonable accommodations is based on assessment of the current impact of the candidate's disability, it is in the best interest to provide recent documentation. As manifestations of a disability may vary over time and in different settings, in most cases an evaluation should have been conducted within the past five years. For Learning Disabilities, ADHD/ADD or other psychological disorders, an evaluation or reevaluation must have been done within the past five years.
3. **Describe the specific diagnostic criteria and/or test(s) used, including date(s) of evaluation, test results and a detailed interpretation of the test results.** Include test results with scores for all tests where appropriate.
4. **Provide relevant educational, developmental, and medical history.** For many disabilities, such histories are an important part of the diagnosis, or may establish the long-standing nature of the disability.
5. **Describe in detail the functional limitations caused by the disability.** Explain how the disability impacts the student's daily functioning and ability to participate in the national exam. For example, an examinee with macular degeneration has reduced central vision, which limits the ability to read.
6. **Request specific accommodations and include a detailed explanation of why these accommodations are necessary, and how they will ease the impact of the functional limitations identified.** For example, a person with learning disorders who has difficulty decoding might require a reader for the exam. State why the disability qualifies the student for such accommodations on standardized tests.
7. **Establish the professional credentials of the evaluator that specifically qualify him/her to make the diagnosis, including information about licensure or certification and specialization in the area of the diagnosis.** The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.
8. **If no prior accommodations have been provided on exams or in school, the diagnostician should include a detailed explanation as to why no accommodations were given, and why accommodations are needed now.**



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 Phone (512) 305-6900 fax (512) 305-6970
 www.ptot.texas.gov

APP. NO: _____

PT/PTA TESTING ACCOMMODATION REQUEST

i This form must be completed and signed by the applicant. Please print.
 i If you are seeking accommodation for more than one disability, separate documentation is required for each disability.
 i 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. **Diagnosis:** _____

2. **Date of initial diagnosis:** _____ 3. **Date of last evaluation:** _____

4. **Describe your disability and how it substantially limits one or more of your major life activities (not how it will affect your ability to take the national exam).**

5. **How does your disability affect your ability to accurately demonstrate your knowledge and skill of physical therapy under computer-based standardized exam conditions?**

OFFICE USE ONLY

Professional Doc. rec'd	Reviewed by/Date	Approved by/date	

6. Accommodation(s) recommended by your diagnostician:

- Additional Time – Time and a half
- Additional Time – Double time
- Screen magnifier
- Zoom Text (software that enlarges the print on the computer screen)
- Reader
- Scribe (one who enters the examinee’s responses)
- Separate Room
- Other (Non-Standard) _____

7. Please list any previous accommodations received in school or on exams.

If you received accommodations at your PT or PTA program, the director of the program must complete the Program Verification Form attached.

Year(s)	Type of accommodation(s)	Name of institution providing accommodation

8. Are you repeating the national exam? Yes No

9. If yes, did you receive test accommodations for the exam previously? Yes No

If you have not received accommodations in the past on the national exam or in your PT or PTA program, the diagnostician completing the Professional Documentation of Disability Form should include a detailed explanation as to why no accommodations were received in the past, and why accommodations are needed now.

CANDIDATE ATTESTATION AND DOCUMENTATION REQUIREMENTS

- A comprehensive and current report (updated within the last FIVE years) from a professional qualified for evaluating your disability must accompany this request form. The report must include the following:
- i Name, title, credentials and area of specialization of the professional making the diagnosis and accommodation recommendation.
 - i A diagnosis of the disability pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD), the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised) or other applicable and recognized professional standard with copies of all evaluations and reported scores from professionally recognized diagnostic tests, where applicable.
 - i Recommendation for specific accommodations.
 - i Rationale for requesting specific accommodations.

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. I authorize the Texas Board of Physical Therapy Examiners to discuss the information provided with the person who completed the Professional Documentation of Disability Form and the director of my physical therapy program.

Applicant Signature

Date



APP. NO: _____

PROFESSIONAL DOCUMENTATION OF DISABILITY
(To be completed and sent directly to the board by the appropriate professional)

Candidate's Name: _____

First

Middle

Last

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SSN

Date of Birth (mm/dd/yy)

Exam Type (circle one)

Physical Therapist (PT) Exam

Physical Therapist Assistant (PTA) Exam

Information about the Exam

Exam	Number of Questions	Time Allowed	Scheduled Break	Unscheduled Breaks
PT	250 (delivered in 5 sections of 50 questions each)	5 hours	15 minute break after section 2	Breaks can be taken after sections 1, 3, and 4; however, the exam timer will continue to elapse
PTA	200 (delivered in 4 sections of 50 questions each)	4 hours	15 minute break after section 2	Breaks can be taken after sections 1 and 3; however, the exam timer will continue to elapse

1. Diagnosis of the disability, including the DSM code if applicable:

2. Date of initial diagnosis: _____ **3. Date of last evaluation:** _____

As the manifestations of a disability may vary over time and in different settings, in most cases an evaluation should be conducted within the past FIVE years.

You must include documentation of the tests and interviews performed to reach the diagnosis.

4. Attach a description of the specific diagnostic criteria and/or diagnostic test(s) used, including date(s) of evaluation, test results, and a detailed interpretation of the test results.

5. Attach a detailed description of the individual's limitations due to the diagnosed disability, i.e., a demonstrated impact on functioning vis-a-vis the exam.

6. Select from the fields below the specific accommodations and/or assistive devices you recommend as NECESSARY to allow the applicant to be tested on their knowledge of physical therapy. Include a rationale explaining why these accommodations or devices are needed.

- | | |
|--|---|
| <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) _____
_____ |

Rationale: (e.g., a learning disabled individual who has difficulty decoding might require an oral rendition of the exam)

7. If no prior accommodations have been provided to this applicant on other exams or in school, please include an explanation of why the applicant now requires accommodation.

8. Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for accommodations. You may attach your CV with this information.

PLEASE READ AND SIGN THE FOLLOWING DECLARATION:

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/Occupation*

Street address/PO Box *City* *State* *Zip*

License Number *Expiration Date* *Phone Number*



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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