APPLICANT SPECIAL ACCOMMODATIONS REQUEST

NORTH DAKOTA BOARD OF PHYSICAL THERAPY

SFN 59671 (11-2010)

Section I - Applicant Information

Name (Last, First, Middle)	Date of Birth	Gender ☐ Male ☐ Female	
Current Street Address	City	State	ZIP Code
Email	Home Telephone Number	Alternate Telephone Number	

Section II - Information About Your Disability and Requested Accommodation

Describe the nature of your disability. Please indicate the specific diagnosis.

When was your disability first diagnosed?

Describe how your disability affects your daily life.

Describe how your disability affects your ability to take the examination.

Mark the accommodations you are requesting during the examination.

☐ Additional Time - Time and a half	☐ Reader	☐ Zoom Text	☐ Screen Magnifier
☐ Additional Time - Double Time	☐ Scribe	☐ Separate Room	☐ Other - Specify:

Indicate accommodations you have 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.)

Section III - Documentation Requirements

A comprehensive and current report (no more than three years old) from a professional qualified for evaluating your disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization of the professional making the diagnosis and accommodation recommendation.
- 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.
- Recommendation for specific accommodations.
- Rationale 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 the impact it has on my daily life and computerized examinations.

Applicant Signature	Date