ADA ACCOMMODATION HISTORY

NORTH DAKOTA BOARD OF PHYSICAL THERAPY

SFN 59672 (11-2010)

Section I - Applicant Information

		Social Security Number	
Name (Last, First, Middle)	Date of Birth	Home Telephone Number	
Address	City	State	ZIP Code

In compliance with the Federal Privacy Act of 1974, applicants are advised that the disclosure of an individual's social security number on this form is mandatory under §43-50-02 of the North Dakota Century Code. The number is used for identification purposes and for testing and licensing through the Federation of State Boards of Physical Therapy. The penalty for not including the number is the inability of the applicant to be tested and licensed as a physical therapist.

The following sections are to be completed by the person responsible for disability services.

Section II - School Contact Information

Name	Title		
School Name			
Address	City	State	ZIP Code
Email	Telephone Number	Fax Number	

Section III - Disability and Accommodations History

Specify the type of disability for which the candidate received accommodations (e.g. visual, learning/cognitive, psychological, etc.)

Mark the accommodations provided to this candidate while he or she was a student at your institution (mark all that apply).

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

I certify that the information provided by me on this form is true and correct to the best of my knowledge. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

Printed Name	
Applicant Signature	Date