



**KENTUCKY BOARD OF PHYSICAL THERAPY**

312 Whittington Parkway, Suite 102  
Phone (502) 429-7140  
Fax (502) 429-7142  
<http://pt.ky.gov>

**Applicant Special Accommodations Request Form**

**Section I – Applicant Information**

Name: \_\_\_\_\_  
Last First Middle

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle one): Male Female  
Month Day Year

**Section II - Information About Your Disability and Requested Accommodations**

**What type of disability do you have? *Please indicate the specific diagnosis.***

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

**When was your disability first diagnosed?** \_\_\_\_\_

**How does your disability affect your daily life?**

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

**How does your disability affect your ability to take computerized examinations?**

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**What accommodations are you requesting during the examination?**

<input type="checkbox"/> Additional 30 minutes	<input type="checkbox"/> Scribe
<input type="checkbox"/> Time and a Half	<input type="checkbox"/> Zoom Test
<input type="checkbox"/> Double Test Time	<input type="checkbox"/> Screen Magnifier
<input type="checkbox"/> Separate Room	<input type="checkbox"/> Reader
<input type="checkbox"/> Other--Describe Required Accommodation _____	

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**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.) \_\_\_\_\_

**Section III - Documentation Requirements**

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

- Name, title, credentials and area of specialization for the qualified examiner
- Specific diagnosis
- Specific findings in support of the diagnosis (include relevant test results)
- 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