

KENTUCKY BOARD OF PHYSICAL THERAPY

312 Whittington Parkway, Suite 102
Louisville, Kentucky 40222
<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: ____/____/____
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 examinations?

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 _____ | |

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.) _____

Other _____

Section III - Documentation Requirements

A comprehensive report 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
- Recommendation for specific accommodations
- Rationale for requesting specific accommodations

Section IV – Additional Documentation (Optional)

Applicants may also provide additional documentation as support for their disability request.

Examples of the additional documentation are:

- Observations by educators
- Results of psycho-educational or other professional evaluations

Section V – 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 examinations.

Applicant Signature

Date