

American with Disabilities Act (ADA) Examination Accommodations Policy and Procedures
for
THE ALABAMA BOARD OF PHYSICAL THERAPY

Purpose:

The purpose of this policy is to provide guidelines for the evaluation and granting of requests for reasonable accommodations in the administration of the National Physical Therapy Examination and/or the Alabama Jurisprudence Exam to qualified applicants with disabilities and to ensure that the examinations are administered in a manner that do not discriminate against such applicants in violation of the Americans with Disabilities Act (ADA).

Policy:

The Alabama Board of Physical Therapy will grant reasonable and appropriate testing accommodations to qualified individuals with disabilities that register for the National Physical Therapy Examination and/or the Jurisprudence Exam. All requests for accommodations will be considered on a case-by-case basis.

The Federation of State Boards of Physical Therapy (FSBPT) will evaluate any accommodation approved by a licensing authority that is not on the standard list of accommodations to ensure that the requested accommodation does not compromise the psychometric integrity, security and/or fairness of the examination.

Qualified Applicants

The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits that person in one or more major life activities, has a record of such impairment, or is regarded as having such impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. A "qualified" individual with a disability is one who meets the statutory and regulatory requirements to sit for the examination and with or without reasonable accommodation, can perform the essential functions of a physical therapist/physical therapist assistant.

Reasonable Accommodation means a modification in the examination administration that does not fundamentally alter the requirements for licensure or the measurement of the knowledge, skills and abilities the examination is designed to test and that does not impose an undue hardship.

Applicant's Responsibilities

The applicant has the responsibility of submitting current information in a timely manner. The required documentation shall include a diagnosis of the specific disability by a professional qualified to assess and diagnose the asserted disability. The documentation must include:

- A current, valid, professionally recognized diagnosis of the candidate's disability (e.g. pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD) or the Diagnostic and Statistical Manual of Mental Disorders (DSM IV:revised)) by an appropriately qualified expert with copies of and reported scores from professionally recognized diagnostic tests, where applicable.
- Documentation that clearly identifies the nature and extent of the functional limitations that exist as a result of the diagnosed disability.
- Sufficient evidence to demonstrate that the functional limitation substantially limits the individual in performing one or more major life activity.
- Specific information about the significance of the impact the disability has on the candidate in the testing environment.
- A history of any accommodations previously granted in any educational program or examination.
- Specific recommendations for accommodations.
- An explanation of why each accommodation is recommended and why it is necessary to alleviate the impact of the disability in taking the NPTE and/or Jurisprudence examination.

The Alabama Board of Physical Therapy reserves the right to request additional information at any time from the candidate requesting accommodations on its examinations.

Procedure to Request an Accommodation

1. The applicant must submit the required documentation with the licensure application prior to the approval of the applicant to sit for the National Physical Therapy Examination and/or the Alabama Jurisprudence Exam. Receipt of the licensure application and required documentation will be acknowledged by the Alabama Board of Physical Therapy.
2. If the applicant's documentation is incomplete or insufficient, notice will be given to the applicant by the licensing authority.

The required documentation includes: Applicant Special Accommodations Request Form; Professional Documentation of Disability Form; School Confirmation of ADA Accommodation History Form. The applicant may provide any additional documentation.

The Alabama Board of Physical Therapy will review the request only after receiving all of the required documentation. Each request will be considered on its own merit relative to the documentation received regarding the disability.

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

Confidentiality of Required Documentation

The required documentation will be kept confidential, in a separate file for accommodation requests for a period of six years. It will not be kept with the licensure file. Board Members will have access to the documentation; and the information will be accessed by a third party only with a signed release by the applicant.

Review by the Alabama Board of Physical Therapy

When all required documentation has been received, the Board will review the request at its next regularly scheduled meeting. The applicant's eligibility to test with accommodations will be approved or denied as a result of the Board's review of documentation.

Once the individual is determined to be eligible for an accommodation under the ADA, then the requested accommodation will be considered in terms of whether the accommodation:

- Will fundamentally alter the knowledge, skills and abilities the examination is designed to measure,
- Is appropriate to the identified need,
- Is reasonable*, and
- Is within the parameters of ADA's requirements.

*An accommodation may not be reasonable if it causes the licensing authority undue hardship. ADA states that undue hardship means an action requiring significant difficulty or expense. When determining reasonableness, the Alabama Board of Physical Therapy will consider the following:

1. The nature and cost of the accommodation,
2. The impact of the accommodation on operations of the testing center,
3. The overall financial resources of the Alabama Board of Physical Therapy, and
4. The types of operations of the Alabama Board of Physical Therapy.

Notification of Determination

The Alabama Board of Physical Therapy will notify the applicant in writing when the review is complete if the request is denied. If the request is denied, the letter will state the reason for the denial. An applicant has the right to appeal a denial in writing to the AL Board of Physical Therapy within 30 days of notification.

Appendix 1- 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) (Date) (Year)

Section II - Information About Your Disability and Requested Accommodations

Describe the nature of your disability? *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 the examination?

What accommodations are you requesting during the examination? (Check all that apply)

Additional Time -Time and a half _____ Reader _____

Additional Time -Double Time _____ Scribe _____

Separate Room _____ Other _____

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, ORE, etc.): _____

Section ID - 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. I also release this information to anyone needing to make a determination re: accommodations for me to test.

Applicant Signature

Date

Appendix 2 - Professional Documentation of Disability Form

Section I-Applicant Information

Name: _____
 (Last) (First) (Middle)

Date of Birth: _____/_____/_____ SSN: _____

Exam Type (circle one):

Physical Therapist (PT) Exam

Physical Therapist Assistant (PTA) Exam

Jurisprudence (AL LAW) Exam

Section II-About the Exam

The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer at a testing center. Minimal computer skills are required.

STANDARD TEST QUESTIONS:

EXAM	NUMBER OF QUESTIONS	TIME ALLOWED	SCHEDULED BREAK	UNSCHEDULED BREAKS
PHYSICAL THERAPIST	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
PHYSICAL THERAPIST ASSISTANT	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
ALLAW (JURISPRUDENCE)	50 questions	2 hours	15 minute break	N/A

Section ID -Professional Contact and Background Information

Name: _____ Title: _____

License Number: _____ Expiration Date: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for testing. You may also attach your CV to show this information.

Section IV-Disability and Requested Accommodations

1. Describe the diagnosed disability and date of diagnosis. Attach all written evaluations supporting the diagnosis, including the scores and interpretive data for all administered diagnostic tests.

2. Date of your last consultation with the candidate: _____

3. Please describe: (1) the nature, history, and extent of the disability; (2) how it limits one or more of the candidate's major life activities; (3) if the disability will change in any way over time. In case of a learning disability, include specifics as to the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.)

4. What effect does the disability have on the candidate's ability to perform on the test as described above?

5. What are your specific recommendations for accommodations for this candidate?
(Please include an explanation of why these accommodations are required.)

Additional Time -Time and a half _____ Reader _____

Additional Time -Double Time _____ Scribe _____

Separate Room _____ Other _____

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)

Name (Printed)

Appendix 3- School ADA Accommodation History Form

Section I-Applicant Information

Name: _____
(Last) (First) (Middle)

Date of Birth: ____/____/____ SSN: _____

Phone: _____

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

Section II-School Contact Information

Name: _____ Title: _____

School Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Section III -Disability and Accommodations History

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

2. What accommodations were provided to this candidate while he or she was a student at your institution (check all that apply)?

Additional Time -Time and a half _____ Reader _____

Additional Time -Double Time _____ Scribe _____

Separate Room _____ Other _____

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.

(Signature) (Date)

Name (Printed)
