## Alabama State Board of Physical Therapy ADA Special Accommodations Request Form

**Returned Signed Form to:** info@pt.alabama.gov

Name	•		
	Last	First	Middle
Please	e list the specific disability you	ı have been diagnosed with:	
	1	0	
When	was your disability diagnose	d?	
vv nen	was your disability diagnose	u.	
What apply.		uesting during the examination?	Please mark all that
	Additional Time – Time and a	half	
	Additional Time – Double Tin	ne	
	Paper and Pencil Exam		
	Large Print Paper and Pencil E	Exam	
	Separate Testing Room		
	Reader		
	Scribe		
	Other:		
Docur	nentation Required		
Please	provide a comprehensive letter	report from the qualified examin	
disabil	lity on their letterhead. The do	cumentation must include the follo	owing items:
1.	Name, title, credentials and ar	rea of specialization for the qualific	ed examiner
2.	Type of disability with the specific diagnosis		
3.	Specific findings in support of the diagnosis (include any test results)		
4. 5.	The rationale for requesting the specific accommodations What accommodations are being requested		
5. 6.	Any other information the examiner would like to share		
0.	ing other information the ext	initial word into to share	
Applie	cant Signature	 Date	

Please return signed form, along with any documentation to: <a href="mailto:info@pt.alabama.gov">info@pt.alabama.gov</a>