Alabama State Board of Physical Therapy
ADA Special Accommodations Request Form
Returned Signed Form to: info@pt.alabama.gov

Name:_____
Last **First** **Middle**

Please list the specific disability you have been diagnosed with: _____

_____

_____

When was your disability diagnosed? _____

What accommodations are you requesting during the examination? Please mark all that apply.

_____ Additional Time – Time and a half

_____ Additional Time – Double Time

_____ Paper and Pencil Exam

_____ Large Print Paper and Pencil Exam

_____ Separate Testing Room

_____ Reader

_____ Scribe

_____ Other: _____

Documentation Required
Please provide a comprehensive letter/report from the **qualified examiner** who has evaluated your disability on their letterhead. The documentation must include the following items:

1. Name, title, credentials and area of specialization for the qualified examiner
2. Type of disability with the specific diagnosis
3. Specific findings in support of the diagnosis (include any test results)
4. The rationale for requesting the specific accommodations
5. What accommodations are being requested
6. Any other information the examiner would like to share

_____ _____
Applicant Signature Date

Please return signed form, along with any documentation to: info@pt.alabama.gov