

Nevada Physical Therapy Board



3291 North Buffalo Drive, Suite 100 · Las Vegas, NV 89129
Phone (702) 876-5535 · Facsimile (702) 876-2097

NATIONAL PHYSICAL THERAPY EXAM ACCOMMODATIONS REQUEST FORM

Exam applicants with disabilities covered by the Americans with Disabilities Act may request testing accommodations for the National Physical Therapy Examination. To be granted an accommodation, the applicant must submit a completed Request Form and supporting documentation, prior to testing. The information provided regarding the disability and the need for accommodation in testing will be treated with strict confidentiality. The Board will review your request and let you know if any additional information is required.

Part 1. Applicant Information

I hereby request special accommodations in taking the National Physical Therapy Examination.

Applicant First Name: _____ Last Name: _____

Date of Birth: _____ E-Mail: _____

Phone Number: _____

I attest to the fact that the information recorded on this form is true, and I agree to provide the Board with any additional information or documentation requested, to evaluate my request for accommodation(s).

Candidate's Signature _____ Date: _____

Part 2. Indicate the testing accommodation(s) you are requesting.

(Check all that apply)

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Additional Time<ul style="list-style-type: none"><input type="radio"/> Extended Time: Standard Time + 50% (Time and a half)<input type="radio"/> Extended Time: Standard Time + 100% (Double time)<input type="radio"/> Additional 30 minutes | <ul style="list-style-type: none"><input type="checkbox"/> Separate Testing Room<input type="checkbox"/> Scribe*<input type="checkbox"/> Reader*<input type="checkbox"/> Zoom Text or a screen magnifier<input type="checkbox"/> Other (specify): |
|--|---|

*Note: *These accommodations are automatically approved with a private room to prevent distractions to other test-takers. Please note that a scribe and/or reader are only approved in circumstances where the applicant is unable to read or write independently, even with extra time.*

Part 3. Provide a specific rationale for each accommodation you are requesting. You may also write a personal statement and attach it to your request.

Accommodation requested: _____

Rationale: _____

Accommodation requested: _____

Rationale: _____

Accommodation requested: _____

Rationale: _____

Accommodation requested: _____

Rationale: _____

Accommodation requested: _____

Rationale: _____

Part 4. Attach proof of disability. The documentation provided for the applicant must:

1. Clearly state the nature of the condition and the rationale for the requested accommodation(s).
2. Be typed or printed on official letterhead and be signed by a medical or other qualified professionals within the specific timeframes listed below:
 - Physical Disabilities & Chronic Health Conditions:
 - No more than **1 YEAR** prior to the anticipated date of the exam
 - Psychological & Psychiatric Disorders:
 - No more than **1 YEAR** prior to the anticipated date of the exam
 - Attention-Deficit/Hyperactivity Disorder:
 - No more than **3 YEARS** prior to the anticipated date of the exam
 - Learning and Other Cognitive Disorders:
 - No more than **5 YEARS** prior to the anticipated date of the exam

Please note: Handwritten documentation or a note on a prescription pad is not acceptable.

Part 4. Submit completed form and documentation. Requests for testing accommodations may be submitted via email or mail. Be sure to include the appropriate documents with your submission. An incomplete request form will cause a delay in processing your request.

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Email: ptapplication@govmail.state.nv.us

If you have questions regarding the accommodations request process, please contact the Board office at (702) 876-5535. You can expect a decision on your request in approximately ten business days, though reviews may take longer during very busy times.