



Board of Physical Therapy Examiners

DEPARTMENT OF HEALTH *Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary*

APPLICANT SPECIAL ACCOMMODATIONS REQUEST FORM

The purpose of examination accommodations is to provide candidates with full access to the Federation of State Boards of Physical Therapy (FSBPT) National Physical Therapy Examination (NPTE), not to guarantee improved performance, a passing score, examination completion, or any other specific outcome. FSBPT has the ultimate discretion to approve or deny requests for submitted testing accommodations.

It is highly recommended you complete all fields and submit this request at least 6-weeks in advance of your anticipated exam date.

Section I – Personal Information

Name: _____
Address: _____
City/State/Zip Code: _____
Home Phone Number: _____ Alternate Phone Number: _____
Personal Email Address: _____
Date of Birth: ____/____/____ FSBPT ID#: _____

Section II - Information Regarding Your Disability and Requested Accommodations

1. What type of disability or specific diagnosis do you have and how will it impact your ability to take the NPTE under standard conditions?

2. What accommodations have you received for this disability in the past? (e.g., NPTE, physical therapy school exams, under graduate/graduate school exams, PSAT, SAT, etc.)

3. What accommodations are you requesting for the NPTE? (*Testing accommodations are individualized and considered on a case-by-case basis. Consequently, no single type of testing accommodation would necessarily be appropriate for all individuals with disabilities. Depending on the nature of your disability, select the best accommodation).*)

Time and a Half
Reader*
Zoom Text ®

Double Time
Separate Room
Screen Magnifier

Paper and Pencil Exam
Scribe*
Additional 30 minutes

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

4. What are the functional limitations that would justify the requested test accommodations?
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Section III - Documentation Requirements

Your evaluation must be completed by a qualified evaluator and written in English. Prior to the anticipated NPTE date, these specific timeframes apply:

Diagnosis	Documentation/report is current if within:
Physical Disorders (including vision, hearing, and mobility impairments); Chronic health conditions	Generally, 1 year or less, depending on condition and expected duration
Psychiatric/Psychological Disorders	1 year
Attention-Deficit/Hyperactivity Disorder (ADHD) (includes attention deficit disorder)	3 years
Learning Disabilities	5 years

The documentation/report from the qualified evaluator must include the following:

- Be printed on the evaluator's letterhead, and be signed by evaluator and include their printed name, title, credentials and area of specialization.
- Specific diagnosis and how it rises to the level of a disability.
- Demonstrate not only that you meet diagnostic criteria for a condition, but also that your condition is disabling (substantially limiting to you relative to most people).
- Include all scores, subtest scores, and index scores for any objective tests that were administered (if formal psychoeducational testing was administered).
- Include for each requested testing accommodation a rationale on how the accommodation is expected to mitigate the effects of your disability.

Carefully review the [FSBPT Documentation Guidelines](#) and share it with your evaluator.

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, the impact it has on my daily life and my ability to take computerized examinations.

Candidate Printed Name

Candidate Signature

Date

After careful review, the Maryland Board of Physical Therapy Examiners submits this completed special accommodations request form to the Federation of State Boards of Physical Therapy (FSBPT) who will consider any reasonable request for accommodations. If your request for accommodations is approved, you will receive an Authorization to Test letter reflecting the approved accommodations via email within two business days. FSBPT has the ultimate discretion to approve or deny requests for submitted testing accommodations.

Incomplete Requests

*If FSBPT reviews your request for accommodations and deems it incomplete after receiving it from the Maryland Board of Physical Therapy Examiners, that means FSBPT needs additional information to determine if testing accommodations are warranted. It is **NOT** a denial of the request. To continue the accommodations process, upload additional supporting documentation to FSBPT via email at www.fsbpt.org/adadocs. The review timeline for a previously incomplete request is generally ten business days.*

Appeals

If FSBPT denies your request for accommodations, you have the option to submit an appeal. Appeals should include a detailed rationale for your appeal along with additional supporting documentation that addresses any deficiencies outlined in your decision letter from FSBPT. Upload your completed [Accommodations Appeal Form](#) and supporting documentation to FSBPT at www.fsbpt.org/adadocs. The review timeline for an appeal is ten business days.