



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • PHYSICAL THERAPY BOARD OF CALIFORNIA
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DISABILITY ACCOMMODATION REQUEST FOR EXAMINATION

Print or Type

ALTERNATIVE ARRANGEMENTS

The Americans with Disabilities Act (ADA) requires this agency to make “reasonable accommodation” for applicants with disabilities in giving this examination. If you are a person with a disability that may affect your ability to take any portion of the examination, the ADA may require the agency to provide alternative examination arrangements. We are not required to do so if we are unaware of your need for alternatives. We ask that you inform us of any alternative arrangements you may require to take this examination by providing the board with the information requested below. This information and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential; however, your signature on this form is authorization for the release of this information to the provider of the national examination to document the need for an accommodation.

Application Type: Physical Therapist Physical Therapist Assistant

Name of Applicant: _____
Last *First* *Middle*

Applicant’s Address: _____
Street *City* *State* *Zip Code*

Phone No. () _____

Please respond to the following three questions. Attach additional sheets if needed.

1) My disability is (e.g., visual impairment, arthritis, etc.):

2) My disability impairs my ability to accurately exhibit my knowledge and skill under standardized examination conditions in the following way:

3) The accommodation(s) I am requesting is (be specific):

Note: If the requested accommodation(s) involves additional time for the examination, indicate the amount of additional time required.

VERIFICATION BY A PROFESSIONAL, LICENSED TO PERFORM A DIAGNOSIS AND PROVIDE TREATMENT OF THE DISABILITY, MUST BE COMPLETED ON THE SECOND PAGE OF THIS FORM.

SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION.

I certify under penalty and perjury under the laws of the state of California that the foregoing is true and correct. I authorize the Physical Therapy Board of California to contact and discuss the information provided by the professional who has completed the reverse side of this form.

Applicant Signature: _____

Date

D1

PROFESSIONAL VERIFICATION OF NEED FOR ACCOMMODATION

Applicant's Full Name: _____, a candidate for examination by the Physical Therapy Board of California, has made a request for accommodation of disability. The request is described on the reverse side of this form.

The purpose of this form is to request your professional opinion concerning the disability and the accommodation requested. Please read the instructions for this form, answer the questions below, and sign the certification. The opinion you provide will be used in evaluating the request.

The information obtained on this form will be treated as a confidential medical record except that exam proctors and exam providers may be informed regarding necessary modifications to exam procedures, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.



Please provide your diagnosis, the nature and extent of the candidate's disability, and if applicable, the tests used to diagnose the disability (attach additional sheets if needed).

What effect does the disability and/or medical condition have on the candidate's ability to perform under standardized testing conditions?

In your opinion, what examination accommodation(s), if any, does the candidate require?

This is a permanent disability temporary disability

If this is a temporary disability, indicate the anticipated end of the disability: _____



I certify under penalty of perjury under the laws of the state of California that I have the necessary specialized training and I am currently licensed as specified below. I can also legally diagnose based on my employment by the below institution to make the above diagnosis, that I personally examined the candidate named above, and that the above diagnosis and assessment of accommodation request is my professional judgment. I understand the candidate has authorized me to provide the information on this form, and to provide further information if necessary. The board may also obtain an independent assessment by a second professional.

Signature of Professional *Date*

Name of the Institution of Practice

Typed or Printed Name of Professional

Street Address

Title

City *State* *Zip Code*

License Number *Expiration Date*

()

Phone Number

INSTRUCTIONS FOR EVALUATORS

I. POLICY OF THE PHYSICAL THERAPY BOARD OF CALIFORNIA

The Physical Therapy Board of California recognizes its responsibilities under Title II of the Americans with Disabilities Act to provide reasonable, appropriate, and effective accommodations, including auxiliary aids to qualified examination candidates with disabilities. However, the board will not fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

All examination sites will be physically accessible to individuals with disabilities.

A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual. Mental impairment includes any mental or psychological disorder such as organic brain syndrome, emotional or mental illness, and specific learning disabilities.

A candidate who seeks an accommodation has the responsibility to make the request and provide reasonable documentation of the need for accommodation by the application deadline established for all applicants. The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. However, your signature on this form is authorization for the release of this information to the provider of the national examination to document the need for an accommodation. The board will evaluate each request individually, in accordance with the guidelines set forth herein, in order to provide an appropriate and effective accommodation. Any request for accommodation must be submitted to the board on the form provided by the board.

II. FORMAT OF EXAMINATION

An applicant for licensure as a physical therapist or physical therapist assistant is required to pass a written examination.

All written examinations contain objective multiple-choice questions. The candidates sit at a computer and select the appropriate box. The number of questions has traditionally consisted of 150 to 200, with a maximum time limit of three to four hours in which to take the examination. All written examinations are designed to measure job-related knowledge, skills, and abilities as defined in the results of an occupational analysis for the particular profession for which licensure is sought.

In order to protect the integrity and fairness of the testing process, the board requires documentation of the existence of a disability and how the accommodation

sought is necessary to provide the candidate with an equal opportunity to exhibit his/her knowledge, skills, and ability through the examination.

III. DOCUMENTING THE NEED FOR ACCOMMODATION

A. CONDITIONS APPLICABLE TO ALL CANDIDATES REQUESTING ACCOMMODATION

The board requires documentation of the existence of a disability and how the accommodation sought is necessary to provide the candidate with an equal opportunity to exhibit his/her knowledge, skills, and ability through the examination.

Beginning with the initial submission, all candidates requesting a reasonable accommodation must complete Form D1 and have a professional certify the disability. If a candidate has previously received the same or similar accommodations for one or more prior administrations of this examination, the candidate may submit a signed statement under penalty of perjury that the disabling condition has not changed in any way that would modify the accommodation that was previously provided. This prior documentation shall be deemed acceptable; however, for candidates who claim a learning disability, the prior documentation will be acceptable only if it meets the criteria set forth in subsection B below.

An evaluation and supporting documentation of a disability shall be valid for a period of three years from the date on which it was submitted to the board, except that no further documentation will be required in cases where the evaluation clearly states that the disability will not change in any way over time.

B. CANDIDATES WITH LEARNING DISABILITIES

A learning disability is defined as individual evidence of significant learning problems that substantially affect or limit one or more major life activities and that are not primarily due to cultural, emotional, or motivational factors. [NOTE that while an emotional factor may be involved in other types of disabilities, such a factor is excluded from the determination of a learning disability.] The individual must demonstrate (a) at least average overall intellectual functioning, and (b) show evidence of a significant impairment in one or more of the following areas of intellectual functioning: attention and concentration, reception (perception and verbal comprehension), expression, memory (ability for new learning), and cognition (thinking).

Significant impairment is generally determined by a discrepancy of 1.5 standard deviations between the individual's expected level of achievement and actual

performance on reliable standardized measures of attention and concentration, memory, language reception and experience, cognition, reading, spelling, writing, and mathematics.

Further, determination of the learning disability shall be based on reliable standardized psychometric tests and a complete clinical history including medical, family, education, and occupational information. Attached is a list of the most commonly used reliable standardized psychometric tests to assess learning disabilities. If a measurement instrument is used that is not on this list, it will be considered if it is published in the *Buros Mental Measurements Yearbook* and is being used for the purpose for which it was developed.

C. REQUIRED INFORMATION NECESSARY TO EVALUATE DISABILITIES

A candidate who requests an accommodation and/or auxiliary aid must provide the board with the necessary information to assist it in evaluating the request. The board will, of course, evaluate each request on an individual basis. The following is intended to provide guidance as to the type of documentation that will be necessary.

1. Identification of the type of disability (e.g., physical, mental, learning disability).
2. Credential requirements of the evaluator. The board will accept evaluations from qualified evaluators. A qualified evaluator cannot be the spouse of the candidate and cannot be related to the candidate by blood or marriage. A qualified evaluator is one of the following:
 - (a) For purposes of physical or mental disabilities, not including learning disabilities, the evaluator must be a licensed physician or psychologist with special expertise in the area of the disability.
 - (b) In the case of learning disabilities, a qualified evaluator must be one of the following;

A licensed psychologist or physician who possesses a minimum of three years of experience working with adults with learning disabilities and who has training in all of the areas described below;

or

A professional who possesses a master's or doctorate degree in special education or educational psychology from a regionally accredited institution and who has at least three years of equivalent training and experience in all of the areas described below:

- Assessing intellectual ability level and interpreting tests of such ability.
- Screening for cultural, emotional, and motivational factors.

- Assessing achievement level.
- Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing, and mathematics.

3. Professional verification of the disability, which must include:
 - (a) The nature and extent of the disability.
 - (b) The test(s) performed to diagnose the disability (if applicable).
 - (c) The effect of the disability on the candidate's ability to perform under standard conditions.
 - (d) The accommodation recommended and how the accommodation is related to the candidate's disability, given the format of the examination.
 - (e) The professional's name, title, phone number, professional license or certification number, educational credential, and original signature of the professional.
 - (f) A description of the professional's experience that qualifies them to make the determination.

MOST COMMONLY USED, RELIABLE, STANDARDIZED PSYCHOMETRIC TESTS

If a measurement instrument is used that is not on this list, it will be considered if it is published in the *Buros Mental Measurements Yearbook* and is being used for the purpose for which it was developed.

AREA OF FUNCTIONING		TESTS
Attention and Concentration (Arithmetic)		Wechsler Adult Intelligence Scale, aka WAIS-R (Digit Symbol) (Digit Span)
		Wechsler Memory Scale (Attention/Concentration Subset)
		Halstead-Reitan Seashore Rhythm
		Test of Variables of Attention
		Learning Efficiency Test (LET)
Memory/New Learning Ability		Wechsler Memory Scale–Revised
		Learning Efficiency Test (LET)
		Woodcock-Johnson Tests of Cognitive Ability
		Detroit Tests of Learning Aptitude (DTLA)
Reception		Wechsler Adult Intelligence Scale, aka WAIS-R (Verbal Subset: Comprehension) (Perception and Basic Comprehension)
		Reitan Aphasia Screening Test
		Peabody Picture Vocabulary Test–Revised
General Cognitive Ability		Stanford-Binet Intelligence Scale (Recognizing, Thinking, Problem Solving)
		Wechsler Adult Intelligence Scale–Revised, aka WAIS-R
		Wechsler Intelligence Scale for Children–III, aka WISC-III
		Woodcock-Johnson Tests of Cognitive Ability
		Test of Nonverbal Intelligence, aka TONI
		Ravens Standard Progression Matrices
		Halstead-Reitan Category Test
Expressive Abilities	Verbal Expression	Wechsler Adult Intelligence Scale–Revised, aka WAIS-R
		Reitan Aphasia Screening Test
	Writing	Peabody Individual Achievement Test–Revised/Written Expression
		Test of Written Language–2, aka TOWL-2
	Other	Development Test of Visual-Motor Integration
		Woodcock-Johnson Revised-Writing Samples
Processing Speed/Efficiency		Wechsler Adult Intelligence Scale–Revised, aka WAIS-R (Digit Symbol)
		Halstead-Reitan Trail Making Test
		Woodcock-Johnson Visual Cluster (Spatial Relations/Visual Matching)
Academic Achievement	Reading	Woodcock-Johnson Tests of Achievement
		Wide Range Achievement Test–Revised, aka WRAT-R
		Peabody Individual Achievement Test–Revised (Reading Comprehension) (Reading Recognition)
		Gilmore Oral Reading Test
		Nelson-Denny Reading Test (Vocabulary) (Comprehension)
		Degrees of Reading Power (DRP)
	Spelling	Woodcock-Johnson Tests of Achievement
		Wide Range Achievement Test–Revised, aka WRAT-R
		Peabody Individual Achievement Test–Revised (Spelling)
	Math	Arlin Test of Formal Reasoning, aka ATFR
		Key Math Test
		Woodcock-Johnson Tests of Achievement
		Wide Range Achievement Test–Revised, aka WRAT-R
		Peabody Individual Achievement Test–Revised (Math)