

**PHYSICAL THERAPY SECTION
OHIO OCCUPATIONAL THERAPY, PHYSICAL THERAPY,
AND ATHLETIC TRAINERS BOARD**

**Requests for Accommodations under the Americans with Disabilities Act (ADA) to the
National Physical Therapist Examination (NPTE) and to the
Ohio Jurisprudence (Laws) Examination**

The purpose of this policy statement is to clarify the requirements for filing a request for accommodations to the NPTE and to the Ohio Jurisprudence Examination in order to ensure that qualified individuals with disabilities are provided the protections guaranteed them under Title II of the Americans with Disabilities Act (ADA). It is the policy of the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board (“Board”) to approve accommodation requests when the examination candidate demonstrates he or she has a qualifying disability. The cost of the accommodation to the NPTE is borne by the examination administering organization – the Federation of State Boards of Physical Therapy. The cost of the accommodation to the Ohio Jurisprudence Examination is borne by the Board.

The ADA provides that qualified individuals have a “level playing field” when taking an examination. This means the examination accurately reflects an individual’s aptitude or achievement level with respect to what the examination intend to assess or measure. ADA accommodations are provided in order to bring the candidate’s ability to take the examination up to the ability of an average person in the general population.

The ADA defines a qualified individual with a disability as “one who with a disability, satisfies the requisite skill, experience, education and other requirements of the service, program, or activity, and with or without reasonable accommodation, can perform the essential functions of the service, program, or activity.”

If a candidate is requesting any accommodation for standard testing conditions because of a disability, the disability must be one that is covered by the ADA. This means that the candidate must have a documented physical or mental impairment that substantially limits one or more major life activities.

- **A physical impairment** is defined by the ADA as:
Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.
- **A mental impairment** is defined by the ADA as:
Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Given the wide variety of possible disabilities, neither the law itself nor the regulations list all specific diseases or conditions that might constitute “physical or mental impairments.” An impairment is a “disability” under the ADA only if it **substantially limits** one or more **major life**

activities. An individual must be unable to perform, or be significantly limited in the ability to perform, an activity when compared to an average person in the general population. The determination as to whether an individual is substantially limited is based on the effect of an impairment on that individual's life activities. Some impairments, such as blindness or deafness, are by their nature substantially limiting, but many other impairments may be disabling for some individuals but not for others, depending on the impact on their activities. Major life activities are activities that an average person can perform with little or no difficulty, for example, walking, seeing, hearing, speaking, breathing, learning, performing manual tasks, caring for oneself, working, sitting, standing, lifting, or reading.

The purpose of an accommodation is to reduce or eliminate a disadvantage due to a limitation that an individual who is disabled may have compared to the general population. The disability must be a substantial limitation to one or more major life activities. An accommodation should not give the individual an unfair advantage over others taking the examination. An accommodation also cannot change the purpose of the examination. An accommodation is also outcome neutral such that granting an accommodation does not guarantee that the individual will pass the examination.

The candidate must first satisfy the requirements that all exam applicants meet in regard to skill, experience, education and other job related requirements of the occupation and be able to perform the essential functions of the occupation.

Upon receipt of a request for examination modifications, the Board will request the applicant submit substantiation of the need for the accommodation based on the following criteria:

- Documentation and Substantiation of a Learning Disability:

The candidate must submit documentation of the candidate's need for accommodations due to a disability that substantially limits one or more major life activities for the previous three (3) years (from the date of application to the Board). The documentation must also address how the disability leads to functional limitations and illustrate how the limitation or limitations inhibit the individual from performing one or more major life activities. Additionally the documentation must include a history of the disability and any past accommodations granted. An Individualized Education Plan (IEP) is not sufficient documentation alone, but may be considered as part of the documentation. The documentation should include identification of the specific standardized and professionally recognized test/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale) and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, information processing and a diagnosis. The diagnostic report must include specific recommendations for accommodations, and the recommendations must be supported with specific test results or clinical observations. The candidate and the evaluator must demonstrate that the requested accommodation is appropriate for the disability and must demonstrate the impact that the disability has on his or her ability to test an examination.

- Qualifications of Evaluator:

The credentials of the individual providing the evaluation must validate the evaluator's qualifications to diagnose and treat the disability specified. Documentation must be on

professional letterhead, typed, signed, and dated. The signature must include the evaluator's name, title, and professional credentials. The Board will accept evaluations from the following professionals:

- Licensed physicians including, but not limited to, the following certifications: neurology, family practice, orthopedics, physical medicine and rehabilitation, and psychiatry;
- Licensed psychologists who practice in the field of performing evaluations for assessing individuals for mental disorders that might impact those persons' academic or testing performance.

- Board Review:

The request and complete file will be forwarded to the Board and will be placed on the next regular session meeting for discussion and action. The Board shall review only those requests that are consistent with this policy. Consultation with the Board's Assistant Attorney General may be obtained in advance of the Board review, and a summary of any recommendations or advice from those consultations will be prepared for the Board's consideration.

- Expert Review:

If the Board is unable to interpret test results provided as documentation for a disability and therefore determine whether a candidate has a disability that qualifies the candidate for accommodations, the Board may elect to refer the request to an expert.

- Board Determination:

Once the individual is determined to be covered under the ADA, then the requested accommodation should be considered in terms of whether:

- The accommodation requested will fundamentally alter the examination,
- The accommodation requested is appropriate to the identified need,
- The accommodation is reasonable,
- The request is within the parameters of the ADA's requirements.

- Confidentiality:

The Board and staff shall maintain confidentiality of all medical and diagnostic information and records.

Temporary conditions like a broken leg, a physical condition that is not the result of a physiological disorder (e.g., pregnancy), personality traits, and economic or cultural disadvantages are not disabilities under the ADA. "Stress" and "depression" may or may not be considered impairments, depending on whether they result from a documented physiological or mental disorder. Nonspecific diagnoses such as "academic problems," "learning style differences," "slow reader," or "test difficulty or test anxiety" do not by themselves constitute a learning disability.

An applicant who disagrees with the Board action relative to the request for accommodation may file an appeal; the Board shall hold a hearing pursuant to Chapter 119. of the Ohio Revised Code.

Applications to sit for the NPTE and/or Ohio Jurisprudence Examination with testing accommodations will not be considered until the Board receives all parts of the request for accommodations. The applicant will receive written notification from the Board regarding whether or not the Board granted the requested accommodation and which accommodation(s) were granted.

The standard conditions for taking the NPTE can be found in the Federation of State Boards of Physical Therapy (FSBPT) NPTE Candidate Handbook, which is available at www.fsbpt.org.

Sections I & II of this form must be completed by the applicant.

Section III must be completed by a qualified evaluator (see Qualifications of Evaluator section of this policy above). This evaluator must have current knowledge of the candidate's disability and must have diagnosed, evaluated, treated or consulted with the candidate within the last two years. Section III must come directly to the Board from the qualified evaluator. If Section III is forwarded by the applicant, it will not be accepted.

Ohio Testing Accommodations Request

Section I and II: To be completed by the physical therapist/physical therapist assistant applicant.

Section I: General Information

Name:		
Address: (Street, City, State, Zip Code)		
Email Address: (Optional)	Social Security Number:	Date of Birth:
I am requesting accommodations for the following: <input type="checkbox"/> NPTE <input type="checkbox"/> Ohio Jurisprudence Examination		
How many times have you taken the NPTE?	Have you ever been granted accommodations on the NPTE? <input type="radio"/> Yes <input type="radio"/> No	
Why are you requesting accommodations? Please explain.		

Section II - Disability Information and Requested Accommodations

A: Disability Information

What type of disability do you have? Please indicate the specific diagnosis.

List the date your disability first diagnosed? _____

Who diagnosed your disability? Attach documentation indicating that person's credentials (e.g. M.D./Ph.D.)

How does your disability substantially limit a major life activity?

How does your disability affect your ability to take computerized examinations?

B: Accommodations History

What accommodations have you received for this disability in the past?

What accommodations have you received in the past for the following exams?

National Physical Therapy Exam _____

PT/PTA School Exams _____

Undergraduate College Exams _____

Standardized Exams (e.g., SAT, GRE, etc.) _____

C: Requested Accommodations

What accommodations are you requesting during the examination?

- | | |
|--|--|
| <input type="checkbox"/> Additional 30 Minutes | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Additional Time – Time and a half | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Additional Time – Double Time | <input type="checkbox"/> Separate Room |
| <input type="checkbox"/> Zoom Text (software enlarges print on screen) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Screen Magnifier | |

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.

Applicant Signature

Date

Return Documents To:
Ohio OTPTAT Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Applicant's Name: _____

Applicant's DOB: _____

Section III – Testing Accommodation Documentation Requirements

A comprehensive and current report (no more than three years old) from a qualified evaluator appropriate for evaluating the applicant's disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization for the qualified evaluator
- Specific diagnosis
- Specific findings in support of the diagnosis (include relevant test results)
- Recommendation for specific accommodations
- Rationale for requesting specific accommodations

List Applicant's Diagnosed Disability and Date of Diagnosis

Qualified evaluator's recommendation for testing accommodations based on current knowledge of applicant's disability and current function.

____ Additional 30 Minutes

____ Reader

____ Additional Time – Time and a half

____ Scribe

____ Additional Time – Double Time

____ Separate Room

____ Zoom Text (software enlarges print on screen)

____ Other _____

____ Screen Magnifier

Qualified evaluator's rationale for how the applicant will benefit from the recommended testing accommodations

I certify that I have current knowledge of the applicant, within the past three years, and that the information contained my attached comprehensive/current report and recommendation for testing accommodations is true and accurate to the best of my knowledge.

Qualified Evaluator's Name (Print)

Title

Qualified Evaluator's Signature

Date

Return Documents To:
Ohio OTPTAT Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108