



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**EXAMINING BOARD OF PHYSICAL THERAPISTS  
AND ATHLETIC TRAINERS**

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WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

## REQUEST FOR SPECIAL ACCOMMODATION

### INSTRUCTIONS

Complete and upload this form to request one or more special accommodations due to a disability. To support your request, you must also upload a *current* (no more than three years old) and *comprehensive* report from a qualified examiner appropriate for evaluating your disability. The report must include the all of the following:

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

### IDENTIFYING AND CONTACT INFORMATION

1. Full Name: \_\_\_\_\_  
Last/Family First Middle
2. Other Names Used: \_\_\_\_\_  
(Include maiden, former married names and alternate spellings)
3. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male  Female
4. Mailing Address: \_\_\_\_\_  
City State Zip
5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
daytime evening or cell

### INFORMATION ABOUT YOUR DISABILITY AND REQUESTED ACCOMMODATIONS

6. What type of disability do you have? *State the specific diagnosis.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. When was your disability first diagnosed? \_\_\_\_\_
8. How does your disability affect your daily life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How does your disability affect your ability to take computerized examinations? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What accommodations are you requesting? *Check all that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Additional Time – Time and a half | <input type="checkbox"/> Reader        |
| <input type="checkbox"/> Additional Time – Double Time     | <input type="checkbox"/> Scribe        |
| <input type="checkbox"/> Paper and Pencil Exam             | <input type="checkbox"/> Separate Room |
| <input type="checkbox"/> LARGE PRINT Paper and Pencil Exam | <input type="checkbox"/> Other: _____  |

11. Have you received accommodations for past examinations? Yes  No  If yes, explain what accommodations you received:

National Physical Therapy Exam: \_\_\_\_\_

PT/PTA School Exams: \_\_\_\_\_

Undergraduate College Exams: \_\_\_\_\_

Standardized Exams (e.g., SAT, GRE, etc.) \_\_\_\_\_

Other: \_\_\_\_\_

**CANDIDATE AFFIRMATION**

I affirm that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**UPLOAD THIS DOCUMENT WITH YOUR APPLICATION OR SERVICE REQUEST IN DELPROS.**