



**PHYSICAL THERAPIST (PT) AND PHYSICAL THERAPIST ASSISTANT (PTA)  
SPECIAL TESTING ACCOMMODATIONS REQUEST FORM**

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This form is **only** for graduates of a NON-CAPTE accredited program. If you are a graduate of a CAPTE accredited program, please visit the [FSBPT website](#) to register and request special testing accommodations.

If you are a graduate of a NON-CAPTE accredited program and you are applying to take the exam with Kansas as your jurisdiction and you need special accommodations (i.e. reader, additional time, etc.), before you can be approved to sit for the exam, it is necessary for you to complete and return this form to the Board. Email the completed form and supporting documentation to [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov) or mail directly to the Board. It is highly recommended you make and keep copies of all forms submitted to the Board.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the nature of your disability and include specific diagnosis:

When was your disability first diagnosed: \_\_\_\_\_

How does your disability affect your ability to take examinations?

What accommodations are you requesting during the examination?

What accommodations (if any) have you received in the past for the following exams:

- |   |  |
|---|--|
| <input type="checkbox"/> National Physical Therapy Exam | <input type="checkbox"/> Standardized Exams (e.g., SAT, ACT) |
| <input type="checkbox"/> College Exams                  | <input type="checkbox"/> Other: _____                        |

In addition to this form, provide the following:

- A statement to the Board advising whether or not special accommodations were granted during your professional education, if so, what type of accommodations were granted. It will also be necessary for your program director to provide a letter advising that accommodations were given, and the type of accommodations provided.
- A letter or report (no more than 3 years old) directly from your treating health care provider that includes:
  - A diagnosis of the disability pursuant to the ICD, DSM IV or revised or other applicable and recognized diagnostics tests
  - Last Consultation with the applicant
  - Recommendation for specific accommodations
  - Rationale for requesting the accommodations

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date