

## A BRIEF SUMMARY OF YOUR RIGHTS UNDER THE AMERICANS WITH DISABILITIES ACT

### **INTRODUCTION**

The Americans with Disabilities Act ("ADA") covers "public entities." The Board of Physical Therapy is a "public entity" covered by the ADA. The Board may not refuse to allow a person with a disability to take the examination simply because the person has a disability. It must permit persons with disabilities to take the examination in an integrated setting unless separate or different measures are necessary to ensure equal opportunity. It must eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to take the examination.

### **WHO IS COVERED?**

The ADA provides comprehensive civil rights protections for "qualified individuals with disabilities." An "individual with a disability" is a person who: 1) has a physical or mental impairment that substantially limits a "major life activity," 2) has a record of such an impairment, or 3) is regarded as having such an impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal use of drugs.

A "qualified" individual with a disability is one who meets the essential eligibility requirements for the examination. The Board is not required to take any action that would result in a fundamental alteration in the nature of the examination or an undue financial and administrative burden. However, the Board must take any other action, if available, that would not result in a fundamental alteration or undue burdens but would ensure that individuals with disabilities receive the benefits or services.

### **WHAT IS REQUIRED?**

The Board is required to make reasonable modifications in any policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration in the examination would result. To do so, it must furnish auxiliary aids and services when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result. The Board may not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure nondiscriminatory treatment, such as making modifications required to provide program accessibility or providing qualified interpreters. Finally, it must operate the examination so that, when viewed in its entirety, it is readily accessible to and usable by individuals with disabilities.

Integration of individuals with disabilities into the mainstream of society is fundamental to the purposes of the ADA. The Board may not provide the examination to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that the benefits and services are equally effective. Even when separate programs are permitted, an individual with a disability still has the right to choose to participate in the regular program. The Board cannot require an individual with a disability to accept a special accommodation or benefit if the individual chooses not to accept it.

### **QUESTIONS?**

If you have any questions about the ADA we encourage you to call the United States Department of Justice, which has an ADA information line, at (202)514-0301 (voice) or (202)514-0381/0383 (TDD). These telephone numbers are not toll-free numbers.

INFORMATION ABOUT THE EXAMINATION  
AND AVAILABILITY OF ALTERNATIVE  
ARRANGEMENTS FOR PERSONS WITH DISABILITIES

**General Information**

If you are a person with a disability, you have certain rights under the Americans with Disabilities Act ("ADA"). A brief summary of these rights is on the next page. It is not meant to be complete. If you have any questions about your rights under the ADA, we encourage you to call the United States Department of Justice, which has an ADA Information Line at (202)514-0301 (voice) or (202)514-0381 (TDD). These telephone numbers are not toll-free numbers.

**About the Examination**

The NPTE (National Physical Therapy Examination) exam administered through Prometric Testing Centers. The building is accessible to persons with physical disabilities. The examination lasts for one day for a period of approximately 5.0 hours. The exam consists of approximately 250 multiple-choice questions.

The exam is timed and requires reading. You may wish to refer to the NPTE Information Bulletin at [www.fsbpt.org](http://www.fsbpt.org) for further details.

If you have any questions about the examination facilities or the examination itself, please contact the Board of Physical Therapy office at (612) 627-5406.

**Alternative Arrangements**

The ADA requires this agency to make "reasonable accommodation" for applicants with disabilities in giving this examination. If you are a person with disability that may affect your ability to enter the examination facility or 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. Based on the above description of the examination facilities and the examination itself, we ask that you inform us of any alternative arrangements you may require to take this examination. Please describe in detail:

(Use additional paper if necessary; please attach to this form).

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

IF YOU ARE REQUESTING ALTERNATIVE ARRANGEMENTS BASED ON A DISABILITY,  
PLEASE SUBMIT THIS FORM.

**NATIONAL PHYSICAL THERAPY EXAMINATION**  
Request for Special Testing Accommodations

This Request for Special Testing Accommodations must be submitted to the Board with the National Physical Therapy Examination application form as well as documentation from a physician, psychologist, or other appropriate professional, certifying your disability. The documentation should include a specific diagnosis and recommendations for testing accommodations. For learning disabilities, the documentation should include a list of tests administered, results and interpretation of the results. Review of a request for special accommodations will be deferred until the necessary documentation is submitted. Mail your completed questionnaire and documentation to: Minnesota Board of Physical Therapy, PT Licensure, University Park Plaza, 2829 University Avenue SE, Suite 420, Minneapolis, MN 55414-3245.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone(day)** \_\_\_\_\_ **(eve)** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Nature of disability:**

- |   |  |
|---|--|
| <input type="checkbox"/> Chronic Health Problem | <input type="checkbox"/> Permanent Accidental Injury   |
| <input type="checkbox"/> Hearing Disability     | <input type="checkbox"/> Temporary Physical Disability |
| <input type="checkbox"/> Learning Disability    | <input type="checkbox"/> Visual Disability             |
| <input type="checkbox"/> Neuromuscular Disease  | <input type="checkbox"/> Other                         |

**Describe your specific disability:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How long ago was your disability first professionally diagnosed?**

less than 1 year       1-2 years       3-4 years       5 or more

**Accommodation(s) recommended by professional as provided in the documentation:**

- |  |  |
|--|--|
| <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"/> Zoom Text                         | <input type="checkbox"/> Separate Room |
| <input type="checkbox"/> Screen Magnifier                  |  |
| <input type="checkbox"/> Other _____                       |  |

**Do you require wheelchair access at the exam facility?**

Yes     No

**Most recent standardized exam for which special accommodation(s) were granted:**

\_\_\_\_\_

**Accommodation(s) granted (check all that apply):**

Assistance with completing exam responses

Extended testing time

Large print exam

Reader

Other \_\_\_\_\_

**Did you have special testing accommodations in physical therapy school?**

Yes     No

If yes, have your physical therapy school complete the Certification of Documentation for Test Accommodations form.

**Documentation Requirements:**

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

- Name, title, credentials and area of specialization of the professional making the diagnosis and accommodation recommendation.
- A diagnosis of the disability pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD), the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised) or other applicable and recognized professional standard with copies of all evaluations and reported scores from professionally recognized diagnostic tests, where applicable.
- Recommendation for specific accommodations.
- Rationale for requesting specific accommodations.

**Certification**

I certify that the above information is true and accurate. If special testing accommodations granted to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination and I will not communicate in any way with any such individuals about the content of the exam.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Clarification**

If clarification or further information regarding the documentation provided is needed, I authorize the physical therapy licensing authority or their representative to contact the professional who diagnosed the disability and/or those entities that have granted me special testing accommodations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION OF DOCUMENTATION  
FOR TEST ACCOMMODATIONS**

This form is for certification of all test accommodations received. The applicant's signature authorizes release of information.

Print Name \_\_\_\_\_ SS# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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THE OFFICIAL RESPONSIBLE FOR STUDENT DISABILITY SERVICES COMPLETES THE FOLLOWING INFORMATION:

**I CERTIFY THAT:** (Name of Institution) \_\_\_\_\_

**OFFICIALLY APPROVED & PROVIDED THE FOLLOWING TEST  
ACCOMMODATIONS FOR THE ABOVE STUDENT BEGINNING ON:**

(Month, Year) \_\_\_\_\_

**ACCOMMODATION(S) PROVIDED:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR PROVISION OF ACCOMMODATION(S):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SEAL \*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

\*If there is no seal, attach letter of explanation on letterhead