Mississippi State Board of Physical Therapy ADA Special Accommodations Request Form

Name:		
Last	First	Middle
Please list the specific disa	bility you have been diagnosed with:	
When was your disability (liagnosed?	
vinen was your disability (
What accommodations are apply.	you requesting during the examination?	Please mark all that
Additional Time – Ti	me and a half	
Additional Time – Do	ouble Time	
Paper and Pencil Exa	m	
Large Print Paper and	Pencil Exam	
Separate Testing Roo	m	
Reader		
Scribe		

Note: If you request the paper exam there is a \$200 fee per FSBPT

Documentation Required

Please provide a comprehensive letter/report from the **qualified examiner** who has evaluated your disability on their letterhead. The documentation must include the following items:

- 1. Name, title, credentials and area of specialization for the qualified examiner
- 2. Type of disability with the specific diagnosis
- 3. Specific findings in support of the diagnosis (include any test results)
- 4. The rationale for requesting the specific accommodations
- 5. What accommodations are being requested
- 6. Any other information the examiner would like to share