Arkansas State Board of Physical Therapy
Special Accommodations Request Form

Name: ___________________________________________________________________________

Last     First     Middle

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

When was your disability first diagnosed? _______________________________________________

What accommodations are you requesting during the examination?

_____ Additional Time - Time and a half  _____ Reader

_____ Additional Time – Double Time  _____ Scribe

_____ Zoom Text  _____ Separate Room

_____ Screen Magnifier  _____ Other

__________________________________________
Applicant Signature                             Date

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

• Name, title, credentials and area of specialization for 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