



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
BOARD OF EXAMINERS IN PHYSICAL THERAPY
 35 STATE HOUSE STATION
 AUGUSTA, MAINE 04333-0035
 TEL:(207)624-8603 – FAX:(207)624-8666

ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any other organization or individual without your express written permission

NAME: _____
 ADDRESS: _____
 TELEPHONE #: _____ SOCIAL SECURITY NUMBER: _____

Accommodations Requested for the _____ Examination.
 Disability _____

Please check all that apply

- Accessible Testing Site
- Separate Testing Site
- Braille
- Large Print
- Tape
- Reader as Accommodation for Visual Impairment
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- Reader as Accommodation for Learning Disability
- Scribe/Amanuensis as Accommodation for Learning
- Sign Language Interpreter
- Extended Time
 - Time-and-a-half
 - Double time
 - More than double time (specify): _____
- Use of Computer or other adaptive equipment (specify): _____
- Other: _____

Signed and dated: _____

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in
(Test applicant) (Date)

my capacity as a _____.
(Professional Title)

This applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, providing the following should accommodate him/her:
(check all that apply):

- Accessible Testing Site
- Separate Testing Site
- Braille
- Large Print
- Tape
- Reader as Accommodation for Visual Impairment
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
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- Extended Time
 - Time-and-a-half
 - Double time
 - More than double time (specify): _____
- Use of Computer or other adaptive equipment (specify): _____
- Other: _____

Signed: _____ Title: _____

Date: _____ License # (if applicable): _____