

SUBSTANTIVE POLICY STATEMENT – SOUTH CAROLINA BOARD OF PHYSICAL THERAPY

Requests for Accommodations under the Americans with Disabilities Act (ADA) to the National Physical Therapist Examination (NPTE)

The purpose of this substantive policy statement is to clarify the requirements for filing a request for accommodations to the NPTE and to the South Carolina Laws in order to ensure that qualified individuals with disabilities are provided the protections guaranteed them under Title II of the Americans with Disabilities Act (ADA). It is the policy of the South Carolina Board of Physical Therapy (“Board”) to approve accommodation requests when the examination candidate demonstrates he or she has a qualifying disability.

The ADA provides that qualified individuals have a “**level playing field**” when taking an examination. This means the examination accurately reflects an individual’s aptitude or achievement level with respect to what the examination intend to assess or measure. ADA accommodations are provided in order to bring the candidate’s ability to take the examination up to the ability of an average person in the general population.

The ADA defines a qualified individual with a disability as “one who with a disability, satisfies the requisite skill, experience, education and other requirements of the service, program, or activity, and with or without reasonable accommodation, can perform the essential functions of the service, program, or activity”.

If a candidate is requesting any accommodation for standard testing conditions because of a disability, the disability must be one that is covered by the ADA. This means that the candidate must have a documented physical or mental impairment that substantially limits one or more major life activities.

- **a physical impairment is defined by the ADA as:**

Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.

- **a mental impairment is defined by the ADA as:**

Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Given the wide variety of possible disabilities, neither the law itself nor the regulations list all specific diseases or conditions that might constitute "physical or mental impairments. **An impairment is a "disability" under the ADA only if it substantially limits one or more major life activities.** An individual must be unable to perform, or be significantly limited in the ability to perform, an activity when compared to an average person in the general population. The determination as to whether an individual is substantially limited is based on the effect of an impairment on that individual's life activities. Some impairments, such as blindness or deafness, are by their nature substantially limiting, but many other impairments may be disabling for some individuals but not for others, depending on the impact on their activities. Major life activities are activities that an average person can perform with little or no difficulty, for example, walking, seeing, hearing, speaking, breathing, learning, performing manual tasks, caring for oneself, working, sitting, standing, lifting, or reading.

The purpose of an accommodation is to reduce or eliminate a disadvantage due to a limitation that an individual who is disabled may have compared to the general population. The disability must be a substantial limitation to one or more major life activities. An accommodation should not give the

individual an unfair advantage over others taking the examination. An accommodation also cannot change the purpose of the examination. An accommodation is also outcome neutral such that granting an accommodation does not guarantee that the individual will pass the examination.

The candidate must first satisfy the requirements that all exam applicants meet in regard to skill, experience, education and other job related requirements of the occupation and be able to perform the essential functions of the occupation.

Upon receipt of a request for examination modifications, the Board will request the applicant submit substantiation of the need for the accommodation based on the following criteria:

- **Documentation and Substantiation of a Learning Disability:** Documentation of the candidate's need for accommodations due to a disability that substantially limits one or more major life activities for up to the previous six (6) years shall be submitted to the Board. **(from the date of application to the Board).** The documentation must also address how the disability leads to functional limitations and illustrate how the limitation or limitations inhibit the individual from performing one or more major life activities. Additionally the documentation must include a history of the disability and any past accommodations granted. An Individualized Education Plan (IEP) is not sufficient documentation alone, but may be considered as part of the documentation. The documentation should include identification of the specific standardized and professionally recognized test/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale) and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, information processing and a diagnosis. The diagnostic report must include specific recommendations for accommodations, and the recommendations must be supported with specific test results or clinical observations. The candidate and the evaluator must demonstrate that the requested accommodation is appropriate for the disability and must demonstrate the impact that the disability has on his or her ability to test an examination.

- **Qualifications of Evaluator:** The credentials of the professional providing the evaluation must validate the professional's qualifications to diagnose and treat the disability specified. Documentation must be on professional letterhead, typed, signed and dated. The signature must include the evaluator's name, title and professional credentials. **The Board will accept evaluations from the Health Care provider who has expertise in the area of disability.**

- **Board Review:** The request and complete file will be forwarded to the Board and will be placed on the next regular Board meeting for discussion and action. The Board shall review only those requests that are consistent with this policy

- **Expert Review:** If the Board is unable to interpret test results provided as documentation for a disability and therefore determine whether a candidate has a disability that qualifies the candidate for accommodations, the Board may elect to refer the request to an expert.

- **Board Determination:** Once the individual is determined to be covered under the ADA, then the requested accommodation should be considered in terms of whether:

- The accommodation requested will fundamentally alter the examination,
- The accommodation requested is appropriate to the identified need,
- The accommodation is reasonable,
- The request is within the parameters of the ADA's requirements.

- **Confidentiality:** The Board and staff shall maintain confidentiality of all medical and diagnostic information and records.

Temporary conditions like a broken leg, a physical condition that is not the result of a physiological disorder (e.g., pregnancy), personality traits, and economic or cultural disadvantages are not disabilities under the ADA. “Stress” and “depression” may or may not be considered impairments, depending on whether they result from a documented physiological or mental disorder. Nonspecific diagnoses such as “academic problems,” “learning style differences,” “slow reader,” or “test difficulty or test anxiety” do not by themselves constitute a learning disability.

Section I – Applicant Information

Name: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Date of Birth: ____/____/____

Section II - Information About Your Disability and Requested Accommodations

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

Who diagnosed your disability? Attach documentation indicating that person’s credentials (e.g. M.D./Ph.D.)

When was your disability first diagnosed? _____

How does your disability substantially limit a major life activity?

What accommodations have you received for this disability in the past?

How does your disability affect your ability to take computerized examinations?

What accommodations are you requesting during the examination?

<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"/> Paper and Pencil Exam	<input type="checkbox"/> Separate Room
<input type="checkbox"/> LARGE PRINT Paper and Pencil Exam	<input type="checkbox"/> Other _____

What accommodations have you received in the past for the following exams?

National Physical Therapy Exam _____

PT/PTA School Exams _____

Undergraduate College Exams _____

Standardized Exams (e.g., SAT, GRE, etc.) _____

Section III - 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

Section IV – Candidate Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability, the impact it has on my daily life and my ability to take computerized examinations.

Applicant Signature

Date