

PTAG Request for Accommodations

Accommodations may be available to individuals with documented disabilities pursuant to the Americans with Disabilities Act (ADA). PTAG provides reasonable testing accommodations to candidates whose documented disabilities or other qualifying medical conditions hinder their ability to take the examination under standard conditions. Examples of requests for special testing accommodations that may be granted include modification of seating or other physical arrangements in the testing facility, or providing for the examination to be taken in an accessible location, providing for a reasonable extension of testing time, providing a sign language interpreter (to assist with audio or spoken components, if any), reader, recorder or other auxiliary aid. Accommodations can also be made for medical reasons such as taking medication or monitoring blood sugar.

Requests for accommodations will be processed as quickly as possible. Candidates should allow for up to thirty (30) days for processing, with the understanding that some cases may take longer. Candidates should include all the required documentation (see instructions below for what is required) with their initial request.

Candidates will be notified in writing of the decision regarding their request for an accommodation. Candidates who receive a testing accommodation are subject to the same policies and procedures described in this Handbook as apply to all other exam takers. PTAG determination about the approval of an accommodation request is final.

Attachment instructions:

A letter, written no more than two years earlier than the date of the request, from an objective physician or healthcare professional qualified to diagnose the disability or medical condition and render an opinion as to the need for an accommodation. An “objective” professional cannot be the candidate requesting the accommodation or a relative of the candidate.

The letter from your qualified professional MUST include the following:

1. The specific disability/diagnosis. Mental/emotional disabilities must be accompanied by a numerical DSM-IV classification code.
2. A brief explanation of how this condition limits the candidate’s ability to take the exam under standard conditions.
3. If this is not a permanent disability or diagnosis, include date first diagnosed, approximate duration, and method used to make the diagnosis.
4. State specifically the accommodation(s) required. Requested accommodations should be adequate to address the candidate’s specific disability or diagnosis without creating an unfair advantage. Examples of accommodations include extra time, a reader, a recorder, or a separate room. Accommodations are provided to qualified candidates with disabilities to the extent that such accommodation does not fundamentally alter the examination or cause an undue burden to PTAG or the test administration site. The cost of excessive accommodation requirements is to be borne by the candidate (i.e., electronic communication equipment, etc.).

1. Attach the completed Request for Accommodations Form (next page).

2. Submit the form and all documentation to the PTA Global Certification Board: certificationboard@ptaglobal.com

32107 Lindero Canyon Rd. #233, Westlake Village, CA 91361 FAX: 805-273-9001

(Additional information regarding PTAG Accommodation Guidelines can be found in the [Exam Candidate Handbook](#).)

PTA GLOBAL REQUEST FOR ACCOMMODATIONS FORM

(To be completed by the candidate)

Please complete entire form

Name:	
Date:	
Current Address:	
City/State/Zip:	
Phone:	
Email Address:	
Description of Disability(ies):	
Accommodation/s requested:	
Accommodations granted in the past:	
Date:	
Organization:	
Test:	
Accommodation(s):	

Under penalty of perjury, I declare that the representations that I have made in this Request for Accommodations and any supporting documentation are true to the best of my knowledge. I understand that false information may result in the denial or revocation of accommodations and/or certification. I hereby certify that I personally completed this form and that I may be asked to verify this information at any time. I understand that PTAG reserves the right to make additional inquiries regarding my disability and previous accommodations before rendering a decision.

If clarification or further information is required, I authorize PTAG to communicate with the professional(s) who diagnosed the disability, the professional(s) who provided information related to my Request for Accommodations, and any entities that have granted accommodations to me in the past. I understand that PTAG may request additional documentation from the persons and/or entities referenced above and/or me. I also authorize PTAG to release this information to a professional chosen by PTAG for the purpose of conducting an independent evaluation of the requested accommodations. I acknowledge that these processes may require extra time for the accommodations to be granted.

Candidate's Signature

Date

This form is valid for one year from the date of the candidate's signature.