

COMPLIANCE WITH THE AMERICAN DISABILITIES ACT OF 1990

The Louisiana Physical Therapy Board (the "Board") complies with the American with Disabilities Act of 1990 (ADA). To assure equal opportunity for all qualified persons, the Board will make reasonable accommodations for candidates having certain physical or mental impairments that might affect their ability to take the licensing examination. If you have a physical or mental impairment which limits one or more of your major life activities for which you desire accommodation in the testing process, please notify the Board office as soon as possible. All requests for accommodations must be received by the deadline date for the examination as set forth in the application packet.

ADA Definition of Disability

Who is Considered Disabled Under ADA?

Under the ADA, a person with a disability is defined as:

1. "An individual w/a physical or mental impairment that substantially limits one or more major life activities," or
2. "An individual w/a record of a substantially limiting impairment," or
3. "An individual who is perceived to have such an impairment."

Disability Accommodation Request

The applicant completing this form is requesting Americans with Disabilities Act accommodations. This information along with a Physicians Certificate will be reviewed by the Board for suitability. Please note that further documentation may be necessary to provide a response in a timely manner. Please be sure to attach this information with your application for the NPTE examination.

1. Physicians Certificate;
2. Diagnostic report including specific recommendations for accommodations supported by the specific test results and clinical observations. Identification of specific standardized and professionally recognized test/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale) and the resulting diagnostic report that includes a diagnostic interview, assessment of aptitude, academic achievement, information processing and a diagnosis; and
3. Applicant ADA Accommodation Request

Applicant ADA Accommodation Request

Applicant name (last, first, middle)

Social Security Number

1. Please describe the impairment you are addressing: _____

2. Do you have a suggestion on an accommodation? ڤ Yes ڤ No

If yes, please describe: _____

3. Please describe how you will benefit from it: _____

Comments: _____

ڤ I have attached a completed Physician's Certificate form.

ڤ The Physician's Certificate is being sent under separate cover.

ڤ I have not yet seen my physician, but my appointment is set
for _____(date).

If you have any question regarding my request, please contact me at _____.

Signature

Date

ADA Form

Physician's Certificate

Patient Name: _____

Examination Date: _____

ف I certify that the above named patient is permanently/temporarily disabled and may/may not require accommodation.

ف I examined the above named patient on _____(date) and certify that the patient has the following permanent/temporary functional limitation(s)

ف I examined the above named patient on _____(date) and I am unable to make a determination without further examination. The patient is scheduled for a follow-up examination on _____(date) with _____.

ف I examined the above named patient on _____(date) and I have not found any limitations at this time. This patient may return to regular duty without restrictions on _____.

Physician Comment:

Physician's Signature

Physician's Printed Name

(Physician Address)

Area Code + Phone Number

Fax Number

Specialty

Physician's Signature

Date

**Please return form to: Louisiana Physical Therapy Board
104 Fairlane Drive
Lafayette, LA 70507**

ADA Accommodation Results

Applicant Name _____

ADA Accommodation Recommendation:

Final Outcome:

Board Approval

Date