



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Physical Therapy Examiners**  
110 Centerview Dr. • Columbia • SC • 29210  
P.O. Box 11329 • Columbia • SC 29211-1329  
Phone: 803-896-4655 • Contact.PT@llr.sc.gov • Fax: 803-896-4719  
llr.sc.gov/pt

## **INSTRUCTIONS FOR SUBMITTING A REQUEST FOR ADA TESTING ACCOMODATIONS**

The Americans with Disabilities Act (ADA) ensures that individuals with disabilities have the opportunity to fairly compete for and pursue such opportunities by requiring testing entities to offer exams in a manner accessible to persons with disabilities. The South Carolina Board of Physical Therapy Examiners complies with the ADA and will take all appropriate steps to attempt to accommodate requests from qualified candidates with a diagnosed disability for accommodations to take the examination(s) required by the Board's licensure procedures.

Under the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (such as the neurological, endocrine, or digestive system). A substantial limitation of a major life activity may be based on the extent to which the impairment affects the condition, manner, or duration in which the individual performs the major life activity.

To arrange for accommodations, you must request and receive approval for the accommodation by filling out and submitting the Request for ADA Testing Accommodations form which may be found at <https://llr.sc.gov/pt/pub.aspx>. **Submission of an accommodation request does not guarantee that testing accommodations will be made.** The Board will review your request to determine whether the accommodation is a reasonable request and properly documented.

### DOCUMENTATION

To allow the Board to fully assess your request, please ensure that supporting documents are properly uploaded to your electronic exam application or if providing documentation after you have applied, submit via Document Submission at <https://eservice.llr.sc.gov/DocumentSubmission>. To safeguard your privacy, **do not send documentation via email.** Please contact the Board office if you have problems using the Document Submission portal.

Examples of documentation that you may include to support your request:

- Recommendations of qualified professionals;
- Proof of past testing accommodations;
- Observations by educators;
- Results of psycho-educational or other professional evaluations;
- A history of diagnosis; and/or
- A statement of history regarding testing accommodations.

You will be notified in writing if the documentation submitted in support of your request is insufficient for us to make an informed decision and you will be offered the opportunity to supplement your request and supporting documentation.

**PLEASE ALLOW APPROXIMATELY 30 BUSINESS DAYS TO RECEIVE A DECISION ABOUT YOUR REQUEST. The processing time begins once all documentation that completes your file has been received. Please note that requests are processed in the order in which they are received and cannot be expedited.**



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**REQUEST FOR ADA TESTING ACCOMMODATIONS**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (If different than above)  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What is the nature of your disability? Note: Disclosure of your diagnosis is not required to evaluate your request.

Learning Disability       Psychiatric Disability       Physical Disability  
 ADHD       Other: \_\_\_\_\_

What accommodation(s) are you requesting?

\_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL STATEMENT**

In order to document your need for accommodation as completely as possible, please include a personal statement describing your disability and how it affects your daily life. Use additional sheets as necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACCOMMODATIONS HISTORY**

List any accommodations received during public school education pursuant to an Individualized Education Program (IEP) or a Section 504 Plan or in private school pursuant to a formal policy for previous standardized examinations, such as college, graduate, or professional school admission tests (e.g., SAT, ACT, etc.) and professional licensure or certificate examinations. Please include accommodations provided for both computer-based and/or written examinations. Use additional sheets as necessary. Include any available supporting documentation with this request.

| Name of Exam | Date | Accommodation(s) Received |
|--------------|------|---------------------------|
|              |      |                           |
|              |      |                           |
|              |      |                           |

I did not receive ADA accommodations in the past for the following reasons:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDATIONS OF A QUALIFIED PROFESSIONAL**

List any accommodations recommended by a qualified professional following an individualized assessment conducted by a qualified professional. Include any available supporting documentation with this request.

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**ATTESTATION**

I affirm that I am applying for specific accommodations under the Americans with Disability Act in order to sit for the Physical Therapy licensure examination. I understand scores earned with accommodation may be reported as “non-standard” on score reports at the discretion of the testing provider. I verify the information on this form is accurate to the best of my knowledge, and I and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately, and completely shall constitute cause for the initiation of disciplinary action against my South Carolina licensure or denial of a licensure application in South Carolina. If this application cannot be approved based on the information submitted, I understand that I will be scheduled for examination without accommodation.

I hereby attest that I personally completed this request Form and agree to verify information at any time that the Board may make such request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY NOTICE**

South Carolina law requires the agency to collect personal information which is only disseminated as required by law. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on your renewal application and other documents on file may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical purposes.