**ACCOMMODATIONS REQUEST FORM**

Please make sure all sections are complete before submitting this form. FSBPT will review your documentation and let you know if any additional information is required.

Accommodation requests, including all supporting documentation, must be submitted to FSBPT no later than the [Registration and Payment Deadline](https://www.fsbpt.org/Secondary-Pages/Exam-Candidates/National-Exam-NPTE/Dates-and-Deadlines) for the exam you want to take. Requests received after the deadline will be considered for a future exam.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FSBPT ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Part 1.** Please indicate the testing accommodation(s) you are requesting:

\_\_\_\_\_\_\_\_\_Extended Time: Additional 30 Minutes   
\_\_\_\_\_\_\_Extended Time: Standard Time + 50% (Time and a Half)  
\_\_\_\_\_\_\_Extended Time: Standard Time + 100% (Double Time)  
\_\_\_\_\_\_\_Scribe\*  
\_\_\_\_\_\_\_Reader\*  
\_\_\_\_\_\_\_Separate room\*\*  
\_\_\_\_\_\_\_Zoom Text

\_\_\_\_\_\_\_Other; please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\**Note*: These accommodations are automatically approved with a private room.*

*\*\**Note: *Separate rooms are appropriate for candidates requiring assistive personnel (e.g., reader or scribe), who need to read aloud, or who need to have items with them while testing (such as medical supplies). Examinees do not need a separate room simply because they require an environment with minimal distractions, because the main testing room at the testing center is designed to minimize distractions*.

Have you received the accommodations requested above, or other disability-based accommodations, in any of the following settings (check all that apply).

\_\_\_\_\_\_\_\_\_High School  
\_\_\_\_\_\_\_Undergraduate Degree Program  
\_\_\_\_\_\_\_Graduate Degree Program  
\_\_\_\_\_\_\_Another High-Stakes Exam (e.g., SAT, etc.)

\_\_\_\_\_\_\_Other setting (specify: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Please identify all the accommodations you received—whether formal or informal--in each setting in which you previously received accommodations:

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other High-States Exam (also identify the exam): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Setting (also identify the setting): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2. Rationale**

Provide a specific rationale for each accommodation you are requesting. You may also write a personal statement and attach that to your request.

Accommodation requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3.** Gather supporting documentation as outlined in the [FSBPT Documentation Guidelines](https://www.fsbpt.org/portals/0/documents/exam-candidates/FSBPT%20Accommodations%20Guidelines%202025.pdf).

**Part 4: Verification**

In submitting this form and requesting accommodations, you are providing the following verification and authorization to FSBPT:

“**I hereby verify that all information provided on this accommodation request form and in any personal statement that I submit in support of my request is accurate and truthful.**  **I also verify that all information contained in any other documentation submitted in support of this request is, to the best of my knowledge and belief, accurate and truthful.** **In the event that any information submitted in support of this request is found to be untruthful, I acknowledge and agree that FSBPT may share that information with legitimately interested third parties, including the applicable board in any jurisdiction in which I have requested or am requesting licensure, in addition to pursuing other remedies that FSBPT concludes are warranted.**”

# Part 5: Submit your Request

Securely upload your documentation directly to FSBPT at [www.fsbpt.org/adadocs](http://www.fsbpt.org/adadocs). To safeguard your privacy, we ask that you not send documentation via email.

If you are unable to upload your request, please contact us at [accommodations@fsbpt.org](mailto:accommodations@fsbpt.org).

You can expect a decision on your request in approximately ten (10) business days. FSBPT will communicate your decision via email.

FSBPT may, at its own cost and discretion, submit your request to an independent expert for review.

**Privacy Policy**

All accommodation requests are confidential and will be treated as such in compliance with FSBPT’s privacy policy. FSBPT will only release your accommodations-related personal information to authorized persons or organizations, on a confidential, need-to-know basis, specifically for the purposes of reviewing and making decisions regarding accommodations requests. This may include selected FSBPT staff, contracted external disability experts, our outside attorneys, or federal or state courts or agencies. Accommodations-related documentation will not be released to any other third party without the candidate’s express written consent. Complete information on FSBPT’s privacy policy can be found [here](https://www.fsbpt.org/Privacy-Policy).