



## Special Accommodations Requests

### Special Examination Arrangements for Candidates with Disabilities

The AAPTE makes every effort to maintain compliance with the guidelines set by the Americans with Disabilities Act (ADA) by providing the individual with a qualified disability the opportunity to sit for the AAPTE CPT-RTS<sub>1</sub> Examination.

To request special accommodations, please:

1. Complete the CPT-RTS<sub>1</sub> Exam Candidate Special Accommodations Request Form (attached below)
2. Have a qualified Healthcare Provider complete the Health Care Professional Authorization Form for Special CPT-RTS<sub>1</sub> Testing Accommodations (attached below)
3. Provide completed forms and any supporting documentation to the AAPTE

Form must be received a minimum of ten (10) days prior to your requested examination date.

**Please email to:**

Subject: Special Accommodations Requests  
cdsimone@aapte.org



## AAPTE CPT-RTS<sub>1</sub> Exam Candidate Special Accommodations

### Request Form

This form, along with the Health Care Professional Accommodation Form and all supporting documentation, must be emailed to: [cdesimone@aapte.org](mailto:cdesimone@aapte.org)

**TO BE COMPLETED BY CANDIDATE** (Please PRINT or TYPE all responses):

To request an examination accommodation for a disability, please submit this form upon registration for the AAPTE CPT-RTS<sub>1</sub> Exam.

Candidate Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code, Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Exam Repeater:  Yes  No

If yes, were you previously accommodated on AAPTE exam?  Yes  No

Description of Disability: \_\_\_\_\_

\_\_\_\_\_

Date of Diagnosis of Disability: \_\_\_\_\_

Previous Accommodation(s) (if any), including the type of accommodation provided, the date(s) of the accommodation, and the institution or organization providing the accommodation:

\_\_\_\_\_

Requested Accommodation:

\_\_\_\_\_

I understand that AAPTE will use the information obtained by this authorization to determine eligibility for a reasonable accommodation in regard to this examination by reason of my disability. I understand that the AAPTE reserves the right to make additional inquiries regarding my disability and previous accommodations before making a determination whether to provide the accommodations I have requested.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

Academy of Applied Personal Training Education  
CPT-RTS<sub>1</sub> Exam Special Accommodations



## **AAPTE Health Care Professional Authorization Form for Special CPT-RTS<sub>1</sub> Testing Accommodations**

I, \_\_\_\_\_ (printed name of candidate), hereby authorize and request the health care professional identified below to release the information requested by the AAPTE relating to my disability and the accommodation appropriate to my disability to sit for the AAPTE CPT-RTS<sub>1</sub> examination.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

The candidate/patient identified above is requesting accommodation to sit for the Academy of Applied Personal Training Education's CPT-RTS<sub>1</sub> Examination. AAPTE Exam policy for special exam accommodation requires candidates to submit current documentation of the disability from a qualified health care provider assessing the disability. The candidate is requesting that you provide such documentation; you should submit your evaluation on your professional letterhead and complete this form.

Your evaluation should include your assessment of the candidate's disability as well as an accommodation plan. The documentation should identify the candidate's diagnosis, explain the candidate's disability, and explain how the proposed accommodation affects the disability. The documentation should also include the following information:

1. The month, day, and year the candidate/patient first consulted you;
2. The month, day, and year the candidate/patient was last seen by you;
3. The diagnosis of the candidate/patient's disability
4. The name of the test(s) used, test scores and their interpretation;
5. The length of the condition; and
6. Recommended test accommodations.

If the candidate received no accommodations during higher education, you must provide a written explanation for why accommodation is being requested now for this examination.

Finally, please sign the statement below and transmit it with your evaluation. Please email your completed evaluation form to: [cdesimone@aapte.org](mailto:cdesimone@aapte.org)

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL (Please PRINT or TYPE all responses).

RECOMMENDED ACCOMMODATION:

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

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

Academy of Applied Personal Training Education  
CPT-RTS<sub>1</sub> Exam Special Accommodations