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Executive Director

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Request for Reasonable Accommodations for the CPA Examination

You must include this form each time you submit an Examination Application to the Board. Your disability must be verifiable through supporting documentation, i.e. doctor diagnosis, government status, etc. and that documentation must accompany the initial request. Each subsequent Examination Application does not require the supporting documentation to be submitted.

1. Candidate Name: _____
First
Middle
Last

Diagnosis/Documentation attached Documentation previously submitted (skip to #4)

2. Clinical Diagnosis of Disability: _____

3. How does your disability limit one or more of your major life activities (e.g. walking, hearing, speaking, seeing, reading or writing)? _____

4. Modifications Requested:

Additional Testing Time:

- Time and one quarter** (extended by 25%)
- Time and one half** (extended by 50%)
- Double time** (extended by 100%)

Additional Break Time:

- One (1) Hour Lunch Break:** The exam clock stops for up to one hour during a regularly scheduled break, allowing the candidate to break for a meal.
- Two (2) Extended Scheduled Breaks:** The candidate is permitted to take two breaks of up to 45 minutes each, off-the-clock, during two of the three regularly scheduled breaks between testlets.
- Three (3) Extended Scheduled Breaks:** The candidate is permitted to take three breaks of up to 30 minutes each, off-the-clock, during each of the three regularly scheduled breaks.

Other:

- Separate Room** (required if there would be verbalization either by candidate or by the reader)
- Reader** (separate room is required)
- Recorder/Writer** (if granted a Reader, that person will also serve as the Recorder/Writer)
- Sign Language Interpreter** (provisions for an individual to serve as translator between the Candidate and the test center administrator)

Equipment Provisions:

- Ergonomic Keyboard
- Enlarged Keyboard
- Left Handed Mouse
- Noise Cancelling Headphones
- Non-programmable Calculator
- Scratch Paper and Pencil
- Trackball Mouse
- Zoomtext Software

Logistical Provisions: Specify equipment needed below that is not on the list.

Candidate Supplied Items:

- Water (Bottled water only. Must be approved for a separate room)
- Food (Food may be snacks, a sandwich, etc. Must be approved for a separate room)
- Diabetic Supplies (Candidate is permitted to have diabetic supplies available in the separate testing room. Approval for separate room required.)

5. _____
Signature of Candidate

Date Signed

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Review and approval of documentation is required prior to authorizing testing modifications. Please check below to verify that each type of documentation was reviewed (attach a copy of any documentation that specifically describes the nature of the equipment requested):

_____ Letter of diagnosis from appropriate medical personnel.

_____ Letter from university or college indicating what modifications, if any, were previously granted to the candidate.

_____ Approved previously to test with modifications.

Signature of Executive Director or Designee

Date Signed