A candidate with disabilities who requests testing accommodations for the Uniform CPA Examination must complete this form and return it with his or her completed Exam application. Current documentation (within the past 5 years) of the disability from a qualified professional who is licensed or who credentials are appropriate to diagnose and treat the disability and make recommendations regarding appropriate accommodations must be enclosed with the completed Exam application. If a candidate received accommodations at the college or university level, the Documentation of Accommodation History should be completed by the professional staff in the office of student disability services at the college or university where the candidate received the accommodations and enclose with the completed Exam application.

I. EXAM CANDIDATE INFORMATION

Name: ___________________________________________ Social Security Number: ________________________________

Address: __________________________________________

City: ___________________________________________ State: ____________ Zip: ________________________________

Phone Number: ________________________________ E-Mail Address: ________________________________

Initial Exam Candidate? ____ Yes _____ No

Re-Exam Candidate? ____ Yes _____ No Date of Last Exam: ________________________________________________

II. CANDIDATE’S DISABILITY STATUS (Check all that apply)

_____ orthopedic/physical disability _____ hearing impaired

_____ specific learning/learning-related disability _____ deaf

_____ psychological/psychiatric/behavioral disability _____ visually impaired

_____ blind

_____ other health disability/impairment (specify) ______________________________________________________

III. DISABILITY AND TESTING ACCOMODATIONS HISTORY

1. When was your disability professionally diagnosed?

_____ Less than 1 year ago _____ 3-4 years ago

_____ 1-2 years ago _____ 5 or more years ago

2. In high school, did you attend a special school, participate in a special education program, or have an individualized education program (IEP)? ____ Yes _____ No

Did you receive special accommodations for testing? ____ Yes _____ No

If yes, please describe. ____________________________________________________________________________
3. Did you receive special testing accommodations for college/graduate tests (e.g., SAT, ACT, GRE)?
   ___ Yes   ___ No
   If yes, please indicate which test (SAT, etc.), the testing date, and describe the accommodation(s) you received:


4. Did you receive special testing accommodations in college or graduate school? ___ Yes ___ No
   If yes, please describe.


5. Did you use special services for students with disability while attending college or graduate school?
   ___ Yes   ___ No   If yes, submit the Documentation of Accommodation History


IV. ACCOMMODATIONS REQUESTED FOR EXAM (Check all that apply)

Assistance
   _____ Reader
   _____ Sign language interpreter
   _____ Writer/Recorder
   _____ Separate room and proctor
   _____ Other (specify)


Extended Time
   _____ Please indicate amount of extra time needed:

Other accommodations (specify):


I, the candidate, certify that the information provided by me on this form is true and correct to the best of my knowledge.

_____________________________  ________________________
Signature                  Date

NOTE: THIS FORM MUST BE ENCLOSED WITH YOUR COMPLETED EXAM APPLICATION