



## North Carolina State Board of Certified Public Accountant Examiners

### ADA Testing Accommodations for the Uniform CPA Examination – Eligibility Questionnaire

A Uniform CPA Exam candidate with ADA disabilities who is requesting testing accommodations must complete this form. Current documentation of the disability (dated within the past five years) from a qualified professional licensed or credentialed to diagnose and treat the condition must be included.

#### Candidate Information

Full Legal Name

Social Security Number

Street or PO Box and City, State, & Zip Code

Email Address

Phone Number

Are you submitting an initial application to take the CPA Exam as a North Carolina candidate? \_\_\_\_ Yes \_\_\_\_ No

If you are submitting a re-Exam application to take the CPA Exam as a North Carolina candidate, what is the date of your most recent CPA Exam application? \_\_\_\_\_

MM/DD/YYYY

#### Disability Status (Please select all that apply.)

|                          |  |                          |                  |
|--------------------------|--|--------------------------|------------------|
| <input type="checkbox"/> | Deaf   | <input type="checkbox"/> | Hearing-impaired |
| <input type="checkbox"/> | Blind  | <input type="checkbox"/> | Vision impaired  |
| <input type="checkbox"/> | Orthopedic or physical disability (specify)                    |                          |                  |
| <input type="checkbox"/> | Learning or learning-related disability (specify)              |                          |                  |
| <input type="checkbox"/> | Psychological, psychiatric, or behavioral disability (specify) |                          |                  |
| <input type="checkbox"/> | Other health disability or impairment (specify)                |                          |                  |

### Disability And Testing Accommodation History

1. When was your disability professionally diagnosed?

- |   |  |
|---|--|
| <input type="checkbox"/> Less than 1 year ago | <input type="checkbox"/> 1-2 years ago       |
| <input type="checkbox"/> 3-4 years ago        | <input type="checkbox"/> 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)?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Did you receive special accommodations for testing?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please describe the accommodation(s) you received. \_\_\_\_\_

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3. Did you receive special testing accommodation for college/graduate tests (*e.g.*, SAT, ACT, GRE)?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please indicate which test (SAT, etc.), the testing date, and describe the accommodation(s) you received:

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4. Did you receive special testing accommodations in college or graduate school?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please describe the accommodation(s) you received. \_\_\_\_\_

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**5. Did you use special services for students with disabilities while attending college or graduate school?**

☐ Yes

☐ No

If not, please explain.

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**Accommodations Requested** (Please select all that apply.)

|                          |                           |                          |                           |                          |                 |
|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | <b>Assistance</b>         | <input type="checkbox"/> | Reader                    | <input type="checkbox"/> | Writer/Recorder |
| <input type="checkbox"/> | Sign language interpreter | <input type="checkbox"/> | Separate room and proctor |                          |                 |
| <input type="checkbox"/> | Other (specify)           |                          |                           |                          |                 |

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Extended Time</b>                       |
|                          | Specify the amount of extended time needed |

|                          |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <b>Other Accommodations</b> (specify) |
|--------------------------|---------------------------------------|

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

Signature

Date