



North Carolina State Board of Certified Public Accountant Examiners

CANDIDATE'S REQUEST FOR REASONABLE ACCOMMODATION ON THE UNIFORM CPA EXAMINATION

The applicant must complete this form.

If you have a disability that requires reasonable accommodation for the Uniform CPA Examination, please provide the following information and submit this form along with the other required forms to the Board with your Exam application. Reasonable accommodation may not be granted unless all five (5) required forms are received when you submit your application. If you have questions, please contact the Examinations Staff at (919) 733-4224 or by email at examinations@nccpaboard.gov.

NOTE: You must submit this form **with** your Uniform CPA Exam application as well as the following forms:

- Candidate's Accommodations Eligibility Questionnaire
- Documentation of Accommodation History for Candidates with Disabilities
- Physician's Verification of Disability and Accommodation
- Professional Evaluation and Documentation of Disability

NOTE: The Board will use the information you and qualified professionals provide to determine the appropriate accommodation. Failing to submit this information may result in the denial of your request.

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

1. What is the type of disability that limits one or more of your major life activities (e.g., physical, mental, learning, etc.)?

2. Please describe the nature and extent of the disability (e.g., deaf or hard of hearing, diabetic, dyslexic, etc.).

3. Describe the accommodation(s) requested.

Your Full Legal Name (Printed)

Date

Your Signature