



North Carolina State Board of Certified Public Accountant Examiners

DOCUMENTATION OF ADA ACCOMMODATION HISTORY FOR CANDIDATES WITH DISABILITIES

NOTE: Please complete the Candidate Information section of this form and forward it to a disability services professional at the college or university you attended and received accommodations. It is used to verify and document the testing accommodations you received while enrolled at the college or university.

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

Student Disability Services Professional Information

Full Name

Title

College or University

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

Email Address

Phone Number

Candidate's 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)		

Accommodations Provided to the Candidate While Enrolled at the College or University

1. The following testing accommodations were provided for the candidate while a student at this institution.
(Please select all that apply.)

<input type="checkbox"/>	Architecturally Accessible Site	<input type="checkbox"/>	Wheelchair accessibility	<input type="checkbox"/>	Elevator
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<input type="checkbox"/>	Formats	<input type="checkbox"/>	Large type (specify pt.)
<input type="checkbox"/>	Recording of answers in the test booklet rather than on a scannable answer sheet		
<input type="checkbox"/>	Other (specify)		

<input type="checkbox"/>	Assistance	<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"/>	Extended Time
<input type="checkbox"/>	Classroom tests (specify the amount of extended time)
<input type="checkbox"/>	Standardized tests (specify the amount of extended time)

<input type="checkbox"/>	Other Accommodations (specify)
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2. Please indicate the dates or period during which these accommodations were provided to the candidate.

3. Why were the accommodations provided to the candidate?

4. Did the Office of Student Disability Services arrange and monitor the accommodation for the candidate?

☐ Yes

☐ No

5. Did the faculty arrange and monitor the testing accommodation for the candidate?

☐ Yes

☐ No

Additional Comments

Signature

Date