



North Carolina State Board of Certified Public Accountant Examiners

UNIFORM CPA EXAMINATION CANDIDATE PROFESSIONAL EVALUATION AND DOCUMENTATION OF ADA DISABILITY

This form must be completed by a licensed/certified or otherwise qualified professional with credentials appropriate to diagnose a candidate's disability consistent with the provisions of the Americans with Disabilities Act (ADA).

CPA Exam Candidate's Full Legal Name

Social Security Number

NOTE: The rest of this form must be completed by a professional evaluator.

Evaluator's Name

Name of Practice or Institution

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

Email Address

Phone Number

Professional License or Certification Number and State or Issuing Agency/Organization

1. Describe your credentials and experience that qualify you to assess the disability and recommend accommodations.

2. What type of disability limits one or more of the candidate's major life activities (e.g., physical, mental, or learning)?

3. What is the nature and extent of the candidate's disability (e.g., deaf or hard of hearing, diabetic, dyslexic)?

4. How does the disability affect the candidate's performance during standard testing conditions?

5. What is the recommended accommodation, and how does it relate to the candidate's disability, considering the format of the Uniform CPA Examination?

Evaluator's Signature

Date