



North Carolina State Board of Certified Public Accountant Examiners

PHYSICIAN'S VERIFICATION OF DISABILITY AND NEED FOR ADA ACCOMMODATION

NOTE: Please complete the Candidate Information section of this form and forward it to a physician or other qualified professional who diagnosed and/or treated you for your disability within the past five years. Their credentials must be appropriate for evaluating your disability and making recommendations for the appropriate ADA testing accommodations.

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

NOTE: A physician or other qualified professional who has treated the candidate within the past five years must complete the rest of this form.

Physician/Qualified Professional Information

Name

Title

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

Please describe your qualifications, credentials, and professional relationship with this candidate that qualify you to provide ADA testing recommendations for the candidate.

Diagnosis and Treatment Information

What is the candidate's diagnosis? (If a specific learning disability, learning-related, or psychological disability exists, please provide identification according to the DSM-III-R or DSM-IV diagnosis.)

Please describe the diagnosis.

When was the last time you treated (or consulted with) the candidate for this diagnosis? _____

Please explain the aspect of the disability that requires testing accommodations under the ADA and how the disability impacts the candidate's ability to perform under standard testing conditions.

If the candidate has a specific learning or psychological disability, identify the relevant assessments (e.g., standardized psychological or educational tests) used to diagnose and confirm the disability under the ADA. Please include copies of these test results, evaluations, or educational and psychological reports with this form.

Based on your knowledge of this candidate's disability, which of the following ADA accommodations are recommended? (Please select all that apply)

<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 (Please specify.)				
<input type="checkbox"/>	Extended Time (Please specify the amount of extra time you recommend and provide a rationale for it.)				
<input type="checkbox"/>	Other Accommodations (Please specify.)				

How are the recommended accommodations related to the candidate's disability regarding multiple-choice exams?

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

Signature

Date