

North Carolina State Board of Certified Public Accountant Examiners

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CANDIDATE’S ACCOMMODATIONS ELIGIBILITY QUESTIONNAIRE

A candidate with disabilities who requests testing accommodations for the Uniform CPA Examination must complete this form and return it with his or her completed Exam application. Current documentation (within the past 5 years) of the disability from a qualified professional who is licensed or who credentials are appropriate to diagnose and treat the disability and make recommendations regarding appropriate accommodations must be enclosed with the completed Exam application. If a candidate received accommodations at the college or university level, the *Documentation of Accommodation History* should be completed by the professional staff in the office of student disability services at the college or university where the candidate received the accommodations and enclose with the completed Exam application.

I. EXAM CANDIDATE INFORMATION

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail Address: _____

Initial Exam Candidate? Yes No

Re-Exam Candidate? Yes No Date of Last Exam: _____

II. CANDIDATE’S DISABILITY STATUS (Check all that apply)

- orthopedic/physical disability hearing impaired
- specific learning/learning-related disability deaf
- psychological/psychiatric/behavioral disability visually impaired
- blind
- other health disability/impairment (specify) _____

III. DISABILITY AND TESTING ACCOMODATIONS HISTORY

1. When was your disability professionally diagnosed?
 Less than 1 year ago 3-4 years ago
 1-2 years ago 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)? Yes No
Did you receive special accommodations for testing? Yes No
If yes, please describe. _____

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

___ Yes ___ No

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

4. Did you receive special testing accommodations in college or graduate school? ___ Yes ___ No

If yes, please describe. _____

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

___ Yes ___ No If yes, submit the **Documentation of Accommodation History**

IF YOU RECEIVED ACCOMMODATIONS AT THE COLLEGE, UNIVERSITY, OR GRADUATE SCHOOL LEVEL, THE DOCUMENTATION OF ACCOMMODATION HISTORY SHOULD BE COMPLETED BY THE PROFESSIONAL STAFF IN THE OFFICE OF STUDENT DISABILITY SERVICES AT THE COLLEGE OR UNIVERSITY WHERE THE CANDIDATE RECEIVED THE ACCOMMODATIONS AND ENCLOSE WITH THE COMPLETED EXAM APPLICATION.

IV. ACCOMMODATIONS REQUESTED FOR EXAM (Check all that apply)

Assistance

___ Reader ___ Sign language interpreter
___ Writer/Recorder ___ Separate room and proctor
___ Other (specify) _____

Extended Time

___ Please indicate amount of extra time needed: _____

Other accommodations (specify): _____

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

Signature

Date

NOTE: THIS FORM MUST BE ENCLOSED WITH YOUR COMPLETED EXAM APPLICATION