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Executive Director

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Optional Request For Reasonable Accommodations For The CPA & PA Examination

Detailed instructions to request modifications are included with this form. You must request accommodations in writing and your disability must be verifiable.

Request for modifications and documentation must be submitted with the application or shortly thereafter before your request will be processed.

1. Candidate Name:_____
   First Middle Last Candidate File No.

2. Clinical Diagnosis of Disability: _____

   _____

   [ ] Diagnosis Report previously submitted [ ] Attached is an update Diagnosis Report

3. How does your disability limit one or more of your major life activities (e.g. walking, hearing, speaking, seeing, reading or writing)?

   _____

   _____

4. Modifications Requested (check all that apply)

   [ ] Time and One-Half (extended by ½)

   [ ] Time and one quarter (extended by 25%)

   [ ] Double Time (extended time double time)

   [ ] Double Time and half (extended double time and half)

   Additional Break Time:

   [ ] 1 Hour lunch break (Exam time is stopped while on break and will automatically restart if more than one hour)

   [ ] 2 extended scheduled breaks (2 extended breaks 45 minutes each in place of regular breaks. If more than 45 minutes the test timer automatically starts)

   [ ] 3 extended scheduled breaks (3 extended scheduled breaks up to 30 minutes each. If more than 30 minutes the test timer automatically starts)

   [ ] 3 flexible breaks (three 10 minute flexible breaks any time during the exam. In additional to the 3 regular scheduled breaks between test lets.)

   [ ] 6 flexible breaks (six 10 minute flexible breaks at any time during the exam. If more than 10 minutes the test timer automatically starts)

[ ] Separate Room (required if there will be verbalization either by candidate or by the reader)

[ ] Reader

[ ] Amanuensis/Recorder (if the candidate has a reader, that person will also serve as the Amanuensis/Recorder)

[ ] Equipment Provisions: Specify equipment needed.

_____

_____

[ ] Logistical Provisions: Specify equipment needed:

_____

[ ] Aids: Specify equipment needed:

_____

[ ] Sign Language Interpreter (provisions for an individual to serve as translator between the Candidate and the test center administrator)

[ ] Other – please specify:

_____

_____

5. _____ _____

Signature of Candidate Date Signed

FOR OAB USE ONLY

Review and approval of documentation is required prior to authorizing testing modifications. Please check below to verify that each type of documentation was reviewed (attach a copy of any documentation that specifically describes the nature of the equipment requested):

_____ Letter from candidate requesting modifications.

_____ Letter of diagnosis from appropriate medical personnel.

_____ Letter from university or college indicating what modifications, if any, were previously granted to the candidate.

_____ No modifications were granted by the university or college.

_____ Candidate has been previously approved to test with modifications.

_____ Date OAB submitted ATT with accommodation request to NASBA.

_____ _____

Signature of Executive Director or Designee Date Signed