TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director
(512) 305-7851
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333 Guadalupe, Tower 3, Suite 900
Austin, TX 78701-3900
www.tsbpa.texas.gov

Application for Testing Accommodations for the Uniform Certified Public Accountant Examination

FORM D

ADD/ADHD VERIFICATION FORM

An applicant seeking testing accommodations should provide the information requested in this box before sending the form to the licensed physician or other health care provider for completion. ***Applicants should also send their health care provider Form G (Accommodations Request) for reference.*** *This form MUST be filed with Form A at the same time the Application of Intent or the Eligibility Application is filed.*

Applicant Name _____

_____ _____ _____ _____
Street Address City State Zip Code

Date of Birth _____ SSN* _____

I am engaged in the interactive process as required by the Americans with Disabilities Act (ADA) to explore reasonable accommodation alternatives that will allow me to take the Uniform CPA Examination. I hereby consent to the release of the information, reports, and records requested in this form, and I request that all such items be attached to this form and returned to me for provision to the Texas State Board of Public Accountancy, or in the alternative, mailed directly to the Texas State Board of Public Accountancy, 333 Guadalupe, Tower 3, Ste 900, Austin, Texas 78701-3900. In any event, it is imperative that this completed form be returned to me as soon as possible so that I may file it with my application for testing accommodations.

_____ _____
Signature of Applicant Date

Subscribed and sworn to before me this _____ day of _____ , _____ .

(SEAL)

_____
Signature of Notary

* The provision of your SSN on this form is voluntary, pursuant to Sec. 7, Privacy Act of 1974. This data may assist your health care provider in locating your medical records and responding to this request in a timely manner.

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NOTICE: The remainder of this form must be completed by a licensed physician or other licensed health care provider qualified to diagnose and treat adult attention deficit disorder. It is important that the information be typed or printed legibly. PLEASE INCLUDE THE INFORMATION REQUESTED IN THE SPACES PROVIDED. DO NOT answer these inquiries with a notation referring to attached records.

A diagnosis of ADD or ADHD must be supported by a current (administered within the past three years) comprehensive evaluation and relevant neuropsychological or psychoeducational assessment batteries. The report must include information about the specific symptoms exhibited and documentation that the patient meets criteria for long-standing history, impairment, and pervasiveness. The information relied on by the evaluator must consist of more than a self-report and must include information from reliable third-party sources. The report must include a specific diagnosis of ADHD based on the DSM-IV diagnostic criteria. The evaluator must also provide a thorough diagnostic clinical summary that demonstrates that alternative explanations for inattentiveness, impulsivity, and/or hyperactivity have been ruled out.

It must be understood that this Form D is a summary form only, and that each item included in this form must be supported and amplified by a COMPLETE evaluation, which must also be provided to the Board. This form, along with the complete evaluation and all other required documentation, will be sent to the Board's ADHD expert. If this form and the required documentation are not legible, are not fully completed, or are not filed in a timely manner, applicant's request for testing accommodations will not be processed.

LICENSED PHYSICIAN OR OTHER HEALTH CARE PROVIDER

Name: _____

Current Position: _____

Address:

_____
Street address City State Zip

Telephone Number: ( ) _____ Fax Number: ( ) _____

License/Certification Number & Jurisdiction: _____

Name and Address of Licensing Entity: _____

_____

_____

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1. Describe the credentials that qualify you to diagnose and/or verify the applicant's ADD/ADHD. Please note that in order to be considered qualified you must have had comprehensive training in the field of ADHD in general, and you must have had comprehensive training and direct experience in working with an adult population. Be sure to include in your description sufficient information about these aspects of your credentials.

2. Describe your credentials in the area of testing, statistical measurement, or psychometrics.

3. Describe your training in the area of making recommendations for specific time accommodations on examinations such as the CPA Exam.

INFORMATION CONCERNING APPLICANT'S DISABILITY

4. When was applicant first diagnosed with ADD or ADHD?

5. Did you make the initial diagnosis? _____ Yes _____ No

6. If "NO", state the name, address, and telephone number of the professional who made the initial diagnosis:

_____

_____

_____

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7. Does the applicant meet full DSM-IV criteria for:

ADHD combined type? _____ YES _____NO

ADHD inattentive type? _____ YES _____NO

ADHD hyperactive-impulsive type? _____ YES _____NO

8. Does the applicant have a documented history of childhood ADHD? _____ YES _____ NO

9. If you answered "YES" to the preceding question, fully describe the documented history of ADHD in the space provided below. Continue your response on a separate sheet of paper if necessary.

10. If you indicated there was no documented history of childhood ADHD, describe the evidence which has been presented to you for review (e.g., school records, parental interview, etc.) to support the applicant's history of childhood ADHD, as required for a DSM-IV diagnosis.

11. Does the applicant exhibit impairment from ADHD in environments other than academic?

_____ YES _____NO

12. If you answered "YES" to the preceding question, fully describe such impairment.

13. Is there evidence of a comorbid psychiatric condition or a learning disability?

_____ YES _____NO

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14. If you answered "YES" to the preceding question, fully explain your response in the space provided.

If you need additional space, complete your response on a separate sheet of paper.

15. Has formal cognitive and/or psychological testing been performed? _____YES _____NO

16. If you answered "YES" to the preceding question, attach a complete copy of the report, including test scores. If you answered "NO," explain why testing was not deemed necessary to rule out comorbid problems such as learning disability, low cognitive ability, psychiatric disturbance, etc.

17. Is applicant being treated for ADHD? _____YES _____ NO

18. If you answered "YES" to the preceding question, describe the treatment and the effect of the treatment on the disability.

19. In its **current** state, is the applicant's disability temporary or permanent?

_____ Permanent _____ Temporary

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20. If you indicated the disability to be temporary, state when and under what conditions the disability/ condition is likely to abate.

21. Describe in detail any major life activities (i.e., seeing, hearing, learning, etc.) which are **substantially limited** by the applicant's diagnosed disability **at the current time,** taking into consideration the applicant's current treatment and medication program. If there are none, please so state.

RECOMMENDED TESTING ACCOMMODATIONS

As background for the specific inquiries we make concerning the applicant's need for testing accommodations for the Uniform CPA Examination (CPA Exam), we are providing you with the following description of the CPA Exam, as well as the standard testing conditions under which it is administered.

Test Format The CPA Exam is offered in a computer-based format. There are four timed sections of the CPA Exam, and each section covers various knowledge, skills, and abilities that an entry-level CPA should possess. The applicant is required to take and pass each section with a minimum score of 75%. Sections can be taken independently of other sections and in any order. Sections are presented in "testlets." Each testlet is comprised of either a group of 24-30 multiple-choice questions or 6-7 task-based simulations. The Business Environment and Concepts (BEC) section has no simulations, but 3 written communication exercises.

Testing Center The CPA Exam is offered at Prometric Testing Centers. Testing Centers will have 15-30 workstations in a room. The applicant will be escorted to a workstation by a Test Center Administrator. The workstation includes a standard computer keyboard, monitor, and mouse. Each workstation has soundproof half walls and a swivel office chair. The applicant must remain seated during the exam except for scheduled breaks of approximately 10 minutes. Neither food nor drinks are permitted at the workstation.

Test Scheduling The applicant schedules the date, time, and place for each section of the exam. Testing Centers are usually open during normal business hours; however, some offer exam times in the evenings and on weekends.

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Multiple-Choice Questions Multiple-choice questions are grouped in testlets that are constructed to appear together. Only one question and four possible answers are presented on the computer monitor at a time. The applicant selects an answer by using the "point and click method" with the computer's mouse. The applicant has an opportunity to take a scheduled break in between testlets.

Task-Based Simulations Task-based simulations (TBS) are condensed case studies that test accounting knowledge and skills using real-life work-related situations. All TBS are intended to assess knowledge and skills that are appropriate for an entry-level accountant. The applicant may be asked to provide answers by:

- calculating an answer using an on-screen four-function calculator or by using the paper and pencil provided by the Testing Center;
- selecting answers from an on-screen drop-down box and fill-in check boxes;
- entering numbers into an on-screen table or form;
- researching on-screen authoritative literature;
- cutting and pasting information into specified areas of the exam; and
- creating a spreadsheet.

The applicant has an opportunity to take a scheduled breaks in between testlets.

CPA Exam Section	Allotted Time	Multiple-Choice Question Testlets	Simulation Testlets	Written Communication
Auditing and Attestation	4 hours	3	7	0
Business Environment and Concepts	3 hours	3	0	3
Financial Accounting and Reporting	4 hours	3	7	0
Regulation	3 hours	3	6	0

22. Provide an explanation as to how specific aspect(s) of the applicant's disability affect(s) the applicant's ability to take various segments of the CPA Exam under the standard testing conditions.

Auditing and Attestation

_____

_____

_____

_____

Business Environment and Concepts

_____

_____

_____

_____

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Financial Accounting and Reporting

Regulation

23. Please review allowable accommodations by referencing Form G - Accommodations Request. For each recommended accommodation **other than additional time** (which is covered in the following question), clearly and completely state the specific reason you recommend such accommodation. You may only recommend the accommodations listed on Form G.

Accommodation requested as specified on Form G	Specific rationale for accommodation

Continue your answer on a separate sheet of paper if you need more space.

24. If you are recommending additional testing time, complete the following charts. ***Please note that all four charts must be fully completed.***

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Auditing and Attestation - Allotted time 4 hours

Testing time requested as specified on Form G	**Specific** rationale for additional testing time on **this** section

Financial Accounting and Reporting - Allotted time 4 hours

Testing time requested as specified on Form G	**Specific** rationale for additional testing time on **this** section

Regulation - Allotted time 3 hours

Testing time requested as specified on Form G	**Specific** rationale for additional testing time on **this** section

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Business Environment and Concepts - Allotted time 3 hours

Testing time requested as specified on Form G	**Specific** rationale for additional testing time on **this** section

25. If you based your recommendations regarding additional testing time on the applicant's reduced typing speed or ability, please describe all tests conducted by you or relied on by you to determine the speed at which the applicant types, as compared to that of a person without the applicant's disability.

26. Is there any medical or scientific study you can cite which provided you with data enabling you to determine on an objective basis the exact amount of additional testing time that will place the applicant in a testing position akin to that enjoyed by a person who does not have this disability?

_____ Yes _____ No

27. If you answered "YES" to the preceding question, please attach a copy of the study to this form. In the space below, describe how the study supports the accommodations you recommended for the applicant.

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REQUIRED DOCUMENTATION AND VERIFICATION

I have attached to this **Form D,** copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there is some ethical or professional reason that I cannot attach the required records to this Form D for return to the applicant, I hereby certify that I will mail the required records directly to the Texas State Board of Public Accountancy, directed to the attention of the Director of Qualifications, at the following address: 333 Guadalupe, Tower 3, Suite 900, Austin, Texas 78701-3900. I understand that the applicant's request for testing accommodations will not be processed without these records.

I understand that this completed **Form D must be filed** by the applicant at the same time as the Applicant files his/her Application of Intent for evaluation to take the CPA Exam.

I acknowledge that I reviewed Form G and concurred with the requested accommodations.

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

I understand that a representative or agent of the Texas State Board of Public Accountancy may contact me for clarification of my responses on this form.

_____ _____

Signature of Licensed Physician/Licensed Professional Date

Print Form