

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

William Treacy, Executive Director
(512) 305-7851
FAX (512) 305-7875

505 E. Huntland Drive, Suite 380
Austin, TX 78752-3757
www.tsbpa.texas.gov

Application for Testing Accommodations
for the
Uniform Certified Public Accountant Examination

FORM A

APPLICANT INFORMATION FORM

This application, complete with all applicable forms and required documentation, **MUST** be filed with your Application of Intent or prior to submitting the Eligibility Application. See *Rule 511.93, Applicant's Responsibility for Requesting Accommodations for Disabilities*. Please note that it is your responsibility to read and follow all of the instructions attached to this application. Failure to do so may result in a delay or rejection of your application for testing accommodations or the denial of such accommodations.

DO NOT LEAVE ANY BLANKS! DO NOT ANSWER "SEE ATTACHED."

BACKGROUND INFORMATION

Applicant Name:
Last First Middle

Mailing Address:
Street Address or PO Box

City State Zip Code

Phone: Fax: Email:

Test Center:
(1st choice) (2nd choice)

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NATURE OF MY DISABILITY (Check all that apply; only disabilities noted here will be considered.)

☐ Attention deficit disorder with/without hyperactivity (ADD/ADHD)

☐ Hearing disability

☐ Learning disability

☐ Physical disability: _____

☐ Psychological disability: _____

☐ Visual disability: _____

☐ Other: _____

HISTORY OF MY DISABILITY

1. I was professionally diagnosed with _____ (state specific diagnosis) in _____ (month), _____ (year). This disability is temporary / permanent (circle one).

2. The diagnosis was made by: Health care provider: _____

Type of health care provider: _____

Current address: _____

Current phone number: _____

3. I last consulted a health care provider regarding this disability in _____ (month) _____ (year)

4. At that time, I consulted with: Health care provider: _____

Type of health care provider: _____

Current address: _____

Current phone number: _____

5. I have received accommodations for my disability as indicated by the boxes I have checked below:

☐ Accommodations on standardized exams that are circled: SAT ACT GRE GMAT LSAT

NOTE: Attach a copy of notice of approved accommodations issued by the testing entity.

6. If you have not received accommodations for your disability in the past, provide in the box below, a complete statement as to why that was the case, and why accommodations are needed now.

Explanation:

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The CPA Exam consists of three (3) core subjects that are required and three (3) discipline subjects, only one (1) of which must be completed. (The applicant selects the discipline to take.) The time allotted for each exam section is four (4) hours. The exam sections are comprised of multiple-choice questions and task-based simulations. The table presents information about the core and discipline exam sections.

Section	Time	Multiple Choice Questions (MCQs)	Task-Based Simulations (TBSs)	Score Weighting	
				MCQs	TBSs
AUD - Core	4 hours	78	7	50%	50%
FAR - Core	4 hours	50	7	50%	50%
REG - Core	4 hours	72	8	50%	50%
BAR - Discipline	4 hours	50	7	50%	50%
ISC - Discipline	4 hours	82	6	60%	40%
TCP - Discipline	4 hours	68	7	50%	50%

Presentation of Exam Questions - The MCQs and TBSs are presented in groups referred to as testlets. The Exam consists of 5 testlets. A testlet may consist of 25-30 MCQs or 2-3 TBSs.

Breaks - There is an opportunity to take an on-the-clock break in between testlets, and a 15-minute off the clock break between testlets 3 and 4.

ACCOMMODATIONS REQUESTED

7. Please review the accommodations that are available at Prometric Test Centers by referencing **Form G - Accommodations Request**. For each requested accommodation, clearly and completely state the specific reason you need such accommodation.

Accommodation requested as specified on Form G	Specific rationale for this accommodation

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

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ACCOMMODATIONS NOT AVAILABLE

8. The following accommodations are not available:

- Separate lactation room in order to use breast pump
- Audiotape, CD, or any electronic format examination
- Written examination
- Braille examination
- Examination presented in a language other than English

REQUIRED DOCUMENTATION PROVIDED

I acknowledge attaching to my Form A, Application for Testing Accommodations, the following items that are **required** in order for the Board to process my application for testing accommodations:

- ☐ If I am claiming a physical or psychological disability, a fully completed **Form B**, including copies of all records specified as required in Form B;
- ☐ If I am claiming a learning disability, a fully completed **Form C**, including copies of all records specified as required in Form C;
- ☐ If I am claiming an ADD/ADHD disability, a fully completed **Form D**, including copies of all records specified as required in Form D;
- ☐ A fully completed **Form E**, which specifies approved accommodations granted by each college or university I attended; and
- ☐ A fully completed **Form G**, which specifies all accommodations I am requesting.
- ☐ My narrative statement of impairment.

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VERIFICATION

I declare under the penalty of perjury that all of the information provided in connection with my application for testing accommodations is true and correct. I understand that both my application for testing accommodations and all the supporting documentation required by the Board may be submitted to third-party experts retained by the Texas State Board of Public Accountancy, and I authorize such communication.

I understand that all the documentation specified as being required in this Application for Testing Accommodations is an integral part of the application. I acknowledge that I have been informed that my application for testing accommodations will not be considered unless all of the documentation is filed no later than the time I file my Application of Intent or the Eligibility Application.

If testing accommodations are provided to me that include any deviation from the standard testing time schedule, I agree that from the time I begin the examination until I have completed the examination, I will not communicate in any way, to the extent possible, with any other individual taking the examination and that I will not communicate in any way with any such individual about the contents of the examination.

I understand that if testing accommodations are provided, the National Association of State Boards of Accountancy and Prometric will be informed of the accommodation for each section of the CPA Examination.

Signature of Applicant

Date

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APPLICANT'S NARRATIVE STATEMENT OF IMPAIRMENT

Provide a detailed personal statement describing how your disability substantially limits a major life activity.
Be sure to specify the major life activity that is impaired. Limit your statement to this one page.

Applicant Name:

PERSONAL STATEMENT