

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 C

LEARNING DISABILITY 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's 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, 505 E. Huntland Dr., Ste 380, Austin, Texas 78752-3757. 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

* 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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IMPORTANT NOTICE: The remainder of this form must be completed by a licensed physician or other licensed health care provider qualified to diagnose and treat adults with a learning disability. 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.

An applicant with a specific learning disability must have been identified by an approved psycho-educational assessment process which includes data from both cognitive and achievement measures. In addition, all such testing must also:

1. have been administered within the past three years;
2. have identified an information-processing deficit;
3. have certified that this patient's aptitude is within the normal range; and
4. have identified an aptitude-achievement discrepancy of 1.5 standard deviations.

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: _____

1. Describe the credentials that qualify you to diagnose and/or verify the applicant's learning disability. Please note that in order to be considered qualified you must have comprehensive training in the field of learning disabilities in general, and you must have 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.

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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 examination such as the CPA Exam.

INFORMATION CONCERNING APPLICANT'S DISABILITY

4. State the specific diagnosis of the disability affecting applicant. _____

5. When was applicant first diagnosed with this condition? _____

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

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

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8. In the box below, describe the specific diagnostic criteria and/or diagnostic tests used to diagnose applicant, including date(s) of evaluation, test results, and a detailed interpretation of test results. **Please note that you must attach to this form or provide directly to the Board a complete copy of the evaluation and assessment tools conducted, as well as copies of your notes and other records relating to the applicant.**

Continue on a separate page if you need more space.

9. State the date that cognitive assessment of applicant was completed: _____

10. State the date that achievement assessment of applicant was completed: _____

11. List all of applicant's test scores which document that applicant is 1.5 standard deviations below aptitude.

12. State each date you have seen applicant for a consultation: _____

13. When was your last complete evaluation of the applicant? _____

14. What occasioned this evaluation (i.e., specific complaints, need for updated evaluation for accommodations, etc.)? _____

15. Briefly describe your treatment of this disability or condition and the effect of the treatment on the disability or condition.

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16. State each medication you have prescribed for this disability or condition, and describe how this medication affects, abates, or treats the disability or condition.

17. Summarize any side effects the applicant has experienced with any of these medications that will affect his/her performance on the CPA Exam.

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

_____ Permanent _____ Temporary

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

20. Describe in detail any major life activities which are **substantially limited** by the applicant's diagnosed disability **at the current time**. If there are none, please so state.

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RECOMMENDED TESTING ACCOMMODATIONS

As background for the specific inquiries we make concerning the applicant's need for testing accommodations on the Uniform CPA Examination (CPA Exam), a description of the CPA Exam is provided, 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 is allotted 4 hours. 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 multiple-choice questions or task-based simulations.

Testing Center: The CPA Exam is offered at Prometric Testing Centers. Testing centers will have workstations in a room. The applicant will be escorted to a workstation by a test center administrator. The workstation will provide a standard computer keyboard, monitor, and mouse. Applicants are provided noise reducing headphones and erasable notepad and pens. Each workstation has soundproof half walls and a swivel office chair. The applicant must remain seated during the exam, except for optional breaks of approximately 10 minutes between testlets. A 15-minute off the clock break may be taken between testlets 3 and 4. Food is not 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.

Multiple-Choice Questions (MCQ): 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.

Task-Based Simulations (TBS): 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:

- creating a spreadsheet;
- calculating an answer using an on-screen four-function calculator or by using the white board and pen 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; and,
- cutting and pasting information into specified areas of the exam.

Breaks: The applicant has an opportunity to take an optional 10 minute break between testlets. A 15-minute off the clock break may be taken between testlets 3 and 4, approximately mid-way through the exam. During a break the applicant has an opportunity to access water, snacks, and restrooms. The applicant may go to the test center lobby and move about before returning to the testing area.

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21. Allowable accommodations are provided on Form G - Accommodations Request.
22. If you recommend additional testing time based 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.

REQUIRED DOCUMENTATION AND VERIFICATION

I have attached to this **Form C** 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 C 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: 505 E. Huntland Dr., Suite 380, Austin, Texas 78752-3757. **I understand that the applicant's request for testing accommodations will not be processed without these records.**

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