

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 E**

**STATEMENT OF UNIVERSITY OFFICIAL**

*An applicant seeking testing accommodations should provide the information requested in this box before sending the form to the university where his or her education was obtained. 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, 505 E. Huntland Dr., Suite 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. The 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: It is not acceptable to answer these inquiries with a notation referring to attached records. YOU MUST ANSWER EACH QUESTION IN THE SPACE PROVIDED.*

**UNIVERSITY OFFICIAL**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

University: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip Code

Telephone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

**PRIOR TESTING ACCOMMODATIONS**

1. While in attendance at your university, was the applicant authorized to receive any testing accommodations?

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. If you answered "YES" to the preceding question, describe below the specific accommodations that were approved, being sure to state any differing accommodations provided for different types of testing (e.g., 1-hour essays, 2-hour essays, multiple-choice tests, practical tests, etc.), as well as any changes in accommodations throughout school. Include all accommodations granted, including specific time extensions, private testing room, use of computer, etc.

Year	Specific Accommodations Granted
First year	
Second year	
Third year	
Fourth year	
Fifth year	

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3. Was the applicant required to provide documentation in order to receive these accommodations?

\_\_\_\_\_ YES \_\_\_\_\_ NO If you answered "YES," please attach a copy of all documentation.

4. Was the diagnosis and/or recommended accommodation information reviewed by an independent expert?

\_\_\_\_\_ YES \_\_\_\_\_ NO If you answered "YES," please attach a copy of the expert's written report.

5. If you granted accommodations other than those received by your reviewing expert, please explain why you did so (or attach a copy of any letter explaining to the applicant why you did so).

6. Who made the decision (name and title) regarding the accommodations granted to applicant?

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7. Did applicant's approved accommodations change at all during school? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If so, please explain the reason for the change (or attach a copy of any letter explaining to the applicant the reason for the change).

8. Did your university maintain records as to how much of the additional time accommodation the applicant actually used during his/her examinations? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered "YES," please attach a copy of these records.

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**DOCUMENTATION**

I have enclosed with this Form E copies of all records that were provided to the university by the applicant and/or the applicant's health care professional that relate to the applicant's disability and on which the university relied in providing the applicant testing accommodations during school.

I have enclosed with this Form E a copy of the report of the reviewing expert used by this university.

I have enclosed with this Form E copies of all records which were maintained regarding the applicant's actual use of any additional time accommodations granted to him/her while in school.

**VERIFICATION**

I certify that my position at this university is such that it is my responsibility to monitor and authorize any accommodations requested by students with disabilities for the specific purpose of facilitating their participation in class and taking examinations. I further certify that the enclosed records are true and correct copies of the documents requested, and that I am authorized to make this certification.

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Signature and Title of University Official

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Date