

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

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

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

**Application for Testing Accommodations
for the
Uniform Certified Public Accountant Examination**

FORM F

STATEMENT OF ANOTHER STATE BOARD OF ACCOUNTANCY JURISDICTION

An applicant seeking testing accommodations should provide the information requested in this box before sending the form to the state licensing authority in the jurisdiction in which his or her original license was granted. 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., 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. 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.

STATE BOARD OF ACCOUNTANCY OFFICIAL

Name: _____

Title: _____

Jurisdiction: _____

Address: _____
Street address City State Zip Code

Telephone Number: () Fax Number: ()

TESTING ACCOMMODATIONS GRANTED

1. Has the applicant named above been granted testing accommodations on any CPA Exam in your jurisdiction?

____ YES ____ NO

If you answered "YES," please attach a copy of each notice of testing accommodations provided to this applicant.

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

____ YES ____ NO

If you answered "YES," please attach a copy of each notice of testing accommodations provided to this applicant.

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

____ YES ____ NO

If you answered "YES," please attach a copy of each notice of testing accommodations provided to this applicant.

4. If you granted accommodations other than those recommended 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).

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5. If additional time was granted, did your jurisdiction 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 such records.

VERIFICATION

I certify that my position at this jurisdiction is such that it is my responsibility to monitor and authorize any accommodations requested by students with disabilities for the specific purpose of taking the CPA Exam in this jurisdiction. 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.

Signature and Title of State Board of Accountancy Official

Date