

TEXAS STATE BOARD OF PUBLIC ACCOUNTANCY

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

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 A

APPLICANT INFORMATION FORM

This application, complete with all applicable forms and required documentation, **MUST** be filed at the **SAME TIME** you file your Application of Intent or 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)
- Physical disability: _____
- Hearing disability
- Psychological disability: _____
- Learning 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. My specific concern at the time of my last consultation was _____

5. At that time, I consulted with: Health care provider: _____
 Type of health care provider: _____
 Current address: _____

 Current phone number: _____

6. 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 AND copy of official score reports for each such exam on which you received accommodations.
- Testing accommodations while in undergraduate school
NOTE: Attach copy of notice of approved accommodations granted you by each college or university attended.
- The use of services for students with disabilities while I was in college
- Testing accommodations while in graduate school
NOTE: Attach copy of notice of testing accommodations granted by each graduate school attended.
- Testing accommodations on the CPA Examination in another state
NOTE: Attach copy of notice of testing accommodations granted by each jurisdiction in which I took the CPA exam.
- Testing accommodations on the CPA Examination in Texas
NOTE: Attach copy of notice of testing accommodations granted by Texas under which I took the CPA exam.

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7. 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:

ACCOMMODATIONS REQUESTED

8. Please review the accommodations that are available at Prometric Test Centers by referencing **Form G - Accommodations Request**. For each requested accommodation *other than additional testing time or additional break time* (which is covered in question 10), 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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9. **Please reference the three extended time options that are listed on page 1 of Form G.** If you are requesting additional testing time as specified on Form G, complete the following charts. *If all four charts below are not FULLY completed, your request for additional testing time will not be considered or processed, and no additional time will be granted. If you have earned credit on one or more of the sections listed in the chart, write "CREDIT" in the area for "Testing time requested."*

Auditing and Attestation - Allotted time 4 hours

Two (2) testlets of multiple-choice questions (MCQ) - A total of 72 MCQ will be covered in the 2 testlets. Each question and a selection of four possible responses are presented on a computer screen. The applicant will select an answer using the mouse to click on the radio button next to the selected response.

Three (3) testlets of task-based simulations (TBS) - 8 short TBS will be presented in three testlets. It will include a research question requiring the search of appropriate authoritative literature on a particular issue. The responses may be obtained and entered from drop-down boxes, fill-in/check boxes, cut and paste, complete forms, use of a spreadsheet, word processing, financial calculator, and online authoritative literature.

Breaks - There is an opportunity for an optional 10-minute break after each testlet. A 15-minute off the clock break may be taken between testlets 3 and 4.

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

Two (2) testlets of multiple-choice questions (MCQ) - A total of 66 MCQ will be covered in the 2 testlets. Each question and a selection of four possible responses are presented on a computer screen. The applicant will select an answer using the mouse to click on the radio button next to the selected response.

Three (3) testlets of short simulations (TBS) - 8 short TBS will be presented in 3 testlets. It will include a research question requiring the search of appropriate authoritative literature on a particular issue. The responses may be obtained and entered from drop-down boxes, fill-in/check boxes, cut and paste, complete forms, use of a spreadsheet, word processing, financial calculator, and online authoritative literature.

Breaks - There is an opportunity for an optional 10-minute break after each testlet. A 15-minute off the clock break may be taken between testlets 3 and 4.

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

Regulation - Allotted time 4 hours

Two (2) testlets of multiple-choice questions (MCQ) - A total of 76 MCQ will be covered in the 2 testlets. Each question and a selection of four possible responses are presented on a computer screen. The applicant will select an answer using the mouse to click on the radio button next to the selected response.

Three (3) testlets of short simulations (TBS) - 8 short TBS will be presented in 3 testlets. It will include a research question requiring the search of appropriate authoritative literature on a particular issue. The responses may be obtained and entered from drop-down boxes, fill-in/check boxes, cut and paste, complete forms, use of a spreadsheet, word processing, financial calculator, and online authoritative literature.

Breaks - There is an opportunity for an optional 10-minute break after each testlet. A 15-minute off the clock break may be taken between testlets 3 and 4.

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

Business Environment and Concepts - Allotted time 4 hours

Two (2) testlets of multiple-choice questions (MCQ) - A total of 62 MCQ will be presented in the 2 testlets. A selection of four possible responses are presented on a computer screen. The applicant will select an answer using the mouse to click on the radio button next to the selected response.

Two (2) testlets of short simulations (TBS) - 4 short TBS will be presented in 2 testlets. It will include a research question requiring the search of appropriate authoritative literature on a particular issue. The responses may be obtained and entered from drop-down boxes, fill-in/check boxes, cut and paste, complete forms, use of a spreadsheet, word processing, financial calculator, and online authoritative literature.

Three (3) written communication tasks (WCT) - The applicant will type a written response to each communications question using a standard computer keyboard and word processor. The word processor has basic functions, shortcuts, and spellcheck.

Breaks - There is an opportunity for an optional 10-minute break after each testlet. A 15-minute off the clock break may be taken between testlets 3 and 4.

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

ACCOMMODATIONS NOT AVAILABLE

10. The following accommodations are not available:

- Separate 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, and I understand that my application will be returned to me if any of these items are not filed either with or before the filing of 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 G**, which specifies all accommodations I am requesting.
- A copy of the official score report for each standardized exam circled in question 6 of this form;
- A copy of approved accommodations granted by each college or university I attended; and
- 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 acknowledge that my health care provider reviewed Form G and concurred with the requested accommodations. 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

Use this page if you are typing your narrative; use the preceding page if you are writing your narrative.

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

[Large empty area for personal statement]