

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 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, 333 Guadalupe, Tower 3, Ste 900, Austin, Texas 78701-3900. 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, specifically including any which 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 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 24-30 multiple-choice questions or 6-7 task-based simulations. The Business Environment and Concepts (BEC) section has no simulations, but 3 written communication exercises.

**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. Neither food nor drinks are 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 paper and pencil 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.

**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:** The applicant has an opportunity to take an optional break between testlets. A 15-minute off the clock break may be taken between testlets 3 and 4.

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		Multiple-Choice		Task-Based Simulations		Written Communications	
CPA Exam Section	Allotted Time	Questions	Testlets	Questions	Testlets	Tasks	Testlet
Auditing and Attestation	4 hours	72	2	8	3	0	0
Business Environment and Concepts	4 hours	62	2	4	2	3	1
Financial Accounting and Reporting	4 hours	66	2	8	3	0	0
Regulation	4 hours	76	2	8	3	0	0

21. Please review allowable accommodations by referencing Form G - Accommodations Request. For each recommended accommodation, clearly and completely state the specific reason you recommend such accommodation. You may only recommend the accommodations listed on Form G.

**Auditing and Attestation - Allotted time 4 hours**

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

**Financial Accounting and Reporting - Allotted time 4 hours**

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

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**Regulation - Allotted time 4 hours**

<b>Accommodation requested as specified on Form G</b>	<b>Specific rationale for accommodation on <b>this</b> section</b>

**Business Environment and Concepts - Allotted time 4 hours**

<b>Accommodation requested as specified on Form G</b>	<b>Specific rationale for accommodation on <b>this</b> section</b>

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.

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23. Is there any medical or scientific study you can cite which provided you with data enabling you to determine on an objective basis the exact amount of additional testing time which will place the applicant in a testing position similar to that experienced by a person who does not have this disability?

\_\_\_\_\_ Yes \_\_\_\_\_ No

24. If you answered "YES" to the preceding question, please attach a copy of the study to this form. In the space below, describe how the study supports the accommodations you recommended for the applicant.

**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: 333 Guadalupe, Tower 3, Suite 900, Austin, Texas 78701-3900. **I understand that the applicant's request for testing accommodations will not be processed without these records.**

I understand that this completed **Form C** must be filed by the applicant at the same time as the applicant files his/her Application of Intent for evaluation to take the CPA Exam.

I acknowledge that I reviewed Form G and concurred with the requested accommodations.

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