North Carolina State Board of Certified Public Accountant Examiners
1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone 919-733-4224 • Fax 919-733-4209 • Web www.nccpaboard.gov

CANDIDATE'S REQUEST FOR REASONABLE ACCOMMODATION ON THE UNIFORM CPA EXAMINATION

*(*TO BE COMPLETED BY THE UNIFORM CPA EXAMINATION APPLICANT*)*

NOTE: THIS FORM MUST BE SUBMITTED WITH THE EXAM APPLICATION.

NOTE: THE INFORMATION PROVIDED WILL BE USED TO DETERMINE THE APPROPRIATE ACCOMMODATION. FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN DENIAL OF THE REQUEST. APPLICANTS HAVE THE RIGHT TO REVIEW THEIR RECORDS SUBJECT TO THE PROVISIONS OF THE INFORMATION PRACTICES ACT.

NOTE: IN ADDITON TO COMPLETING THIS FORM, YOU MUST OBTAIN, FROM AN APPROPRIATE PROFESSIONAL, WRITTEN VERIFICATION WHICH SUPPORTS YOUR DISABILITY AND THE REQUESTED ACCOMMODATION(S). THE BOARD WILL NOT PAY ANY COSTS INCURRED IN OBTAINING THE REQUIRED DOCUMENTATION. UPON REVIEW AND EVALUATION OF THIS INFORMATION, THE BOARD WILL NOTIFY YOU IN WRITING OF ITS DECISION REGARDING YOUR REQUEST. IF YOU HAVE QUESTIONS, PLEASE CONTACT PHYLLIS ELLIOTT BY TELEPHONE AT (919) 733-4224 OR BY E-MAIL AT PHYLLISE@NCCPABOARD.GOV.

1. What is the type of disability that limits one or more of your major life activities (*e.g.*, physical, mental, learning, etc.)?

2. Please describe the nature and extent of the disability (*e.g.*, hearing-impaired, diabetic, dyslexic, etc.)?

3. Describe the accommodation(s) requested.

APPLICANT'S SIGNATURE

DATE

Print Form