KENTUCKY STATE BOARD OF ACCOUNTANCY 332 W Broadway Suite 310 Louisville, KY 40202 502-595-3037 web: www.cpa.ky.gov email: cpa@ky.gov

EXAM APPLICANT SPECIAL ACCOMMODATIONS REQUEST FORM

Section I – Applicant Information

Last	First	Middle
Current Street Address:		
City:	State: Zip Cod	e:
Phone Number:		
Email Address:		
Date of Birth:/	/	
Section II - Information A	bout Your Disability and Reques	ted Accommodations
What type of disability do y	ou have? Please provide the specif	ic diagnosis.
When was your disability fi	rst diagnosed?	
Explain how your disability	affects your daily life:	
Evalain how your disshility	offects your ability to take comput	arized exeminations:
Explain now your disability	affects your ability to take comput	
What accommodations are	you requesting during the examinat	ion?
Additional Time		
~		
Separate room		

What accommodations have you received in the past for the following exams?

Undergraduate College Exams _____

Standardized Exams (e.g., SAT, GRE, etc.)

Section III - Documentation Requirements

A comprehensive and current report (**no more than three years old and on official letterhead**) from a qualified examiner appropriate for evaluating your disability must accompany this request form. The report must include the following:

•Name, title, credentials and area of specialization for the qualified examiner

•Specific diagnosis

•Specific findings in support of the diagnosis obtained from the administration of specific standardized and professionally recognized **adult** test/assessments such as Woodcock-Johnson, Wechsler Adult Intelligence Scale, etc.

•Recommendation for specific accommodations

•Rationale for requesting specific accommodations

Section IV – Candidate Affirmation

My signature on this form affirms that the information I have provided is true and accurate.

Signature

Date signed