KENTUCKY STATE BOARD OF ACCOUNTANCY 312 Whittington Parkway Suite 200 • Louisville KY 40222 Phone 502-595-3037 • web: <u>www.cpa.ky.gov</u> • email: <u>cpa@ky.gov</u>

EXAM APPLICANT SPECIAL ACCOMMODATIONS REQUEST FORM

	Zip Code:	Middle
State:		
State:		
	Zip Code:	
r Disability and R	equested Accommodations	
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ed?		
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ur ability to take co	mputerized examinations:	
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ting during the exame	mination?	
	Please provide the s	r Disability and Requested Accommodations Please provide the specific diagnosis. ed? ed? dr daily life: dr daily life: dr ability to take computerized examinations: dr ability to take computerized examinations:

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 correct.

Signature

Date signed