

# ACCOMMODATION REQUEST

## APPLICANT FORM (FORM 1)

If you have a disability and need to request testing accommodations for an exam, complete and return this form **at least 10 weeks before the exam date**. Your accommodation request package must include documentation of your disability provided by a qualified professional who is licensed or has appropriate credentials to diagnose the nature of the disability, treat the disability, and recommend testing accommodations for individuals with your disability. The documentation must be current:

**For stable disabilities** (for example, physical or learning disabilities): Documentation may be a number of years old and still be up-to-date as long as the applicant was 18 years old or older when the document was produced. Assessments that were completed before age 18 are generally not considered up-to-date if more than five years have passed since the assessment.

**For permanent disabilities that are susceptible to change** (for example, mental health disabilities): Documentation should be recent enough to cover recent changes to the applicant's condition and should include a prognosis for future change related to the individual's functional limitations.

**For temporary conditions** (for example, a broken bone, or a condition resulting from an accident): Documentation should include the date on which the condition began and the attending professional's estimate of a recovery date. To ensure an appropriate accommodation is granted, some conditions may require a re-review of current medical documentation.

We require signatures on all documentation. Send completed forms by **EMAIL** to your respective regional office:

CPA Atlantic School of Business: [jvarner@cpaatlantic.ca](mailto:jvarner@cpaatlantic.ca)

CPA Ontario: [cpaaccommodations@cpaontario.ca](mailto:cpaaccommodations@cpaontario.ca)

CPA Quebec: [amenagements@cpaquebec.ca](mailto:amenagements@cpaquebec.ca)

CPA Western School of Business: [cpaaccommodations@cpawsb.ca](mailto:cpaaccommodations@cpawsb.ca)

CPA Canada International: [internationalinquiries@cpacanada.ca](mailto:internationalinquiries@cpacanada.ca)

If you prefer to mail in your application, you can contact your regional office.

## 1 Personal Information

Name			Candidate/Member Number	
First	Middle	Last		
email		Phone number		

## 2 Examination Details

Exam	Exam Date	Exam Centre		
Have you attempted this exam previously?		Yes	No	
Have you previously been granted an accommodation for CPA preparatory courses or CPA PEP?		Yes	Year	
		No	Specify:	CPA preparatory courses      CPA PEP courses

## 3 Nature of Disability

Check all that apply.

Deaf/hearing impaired

Psychological/psychiatric/behavioural disability

Orthopaedic/physical disability

Blind/visually impaired

Special learning/learning-related disability

Other health disability/impairment

Prescription medication that may impact exam writing ability  
Please specify:

## 4 Nature of Disability and Testing Accommodations History

1. When was your disability professionally diagnosed?

Less than 1 year ago

1-2 years ago

3-5 years ago

More than 5 years ago

2. In education prior to post-secondary:

a. Did you attend a special school or program (special education) or have an individualized education program?

Yes

No

b. Did you receive special accommodation for testing?

Yes

No

3. Did you receive special testing accommodations during your post secondary studies?

Yes

No

You may provide evidence of testing accommodations you requested and received from post-secondary institutions.

If yes, please describe briefly:

If yes, identify examination(s) and test date(s):

4. In post-graduate education or a professional education program:

a. Did you use special services for candidates with disabilities?

Yes

No

b. Were you accommodated in any examinations?

Yes

No

If yes, please describe briefly:

## 5 Accommodations Requested

Your request for accommodation(s) and the professional's recommendation for accommodation(s) **must** be in agreement.

The professional is required to complete the *Accommodation Request: Medical Form (Form 2)* in support of your requested accommodation(s).

### Requested Accommodations:

Additional time:	minutes, per 4-hour exam	Timed rest breaks**:	minutes, per 4-hour exam
Separate room* and proctor		Elevator	
Wheelchair access		Sign language interpreter	
Reader		Large type (pt )	
Other (specify):			

\* Separate room does not mean a private room.

\*\* Timed rest breaks are breaks provided to the candidate but are not used as additional exam writing time.

**Note: The accommodations should not modify the nature and level of the qualification assessed. Many of the examinations in the CPA educational qualification process are time constrained and evaluate the candidate's ability to manage time. As a result, it is not unusual for applicants to receive less time than they were previously granted.**

## 6 Waiver

I, the candidate, certify that all of the information on this form is true and correct. I authorize the CPA learning organization to distribute to all members of the CPA Special Accommodations Panel all relevant information related to my request for accommodated testing, including, but not limited to:

- the types of accommodations granted to me in the past;
- my accommodation request forms: Candidate Form (Form 1) and Medical Form (Form 2) and any attachments thereto;
- any psychoeducational/neuropsychological assessment reports; and
- all relevant statements and documentation submitted by qualified / licensed professionals

I understand that the aforementioned information will be distributed and reviewed by members of the CPA Special Accommodations Panel for the purpose of determining accommodations to be granted, if any. I understand that information necessary to facilitate the accommodation at the exam centre, including my name, exam, and the accommodation, will be provided to relevant staff.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

The regional CPA learning organizations, including CPA Canada, CPA Ontario, CPA Quebec, the CPA Atlantic School of Business, the CPA Western School of Business, and CPA Canada International are committed to respecting your privacy and protecting your personal information. The personal information requested on this form is collected, used, and disclosed under applicable federal and provincial legislation and your regional CPA learning organization's policies and guidelines. The information will only be distributed to and reviewed by members of the national CPA Special Accommodations Advisory Panel to assess eligibility for accommodations. Direct any questions about personal information collection and its use to your regional office.

CPA Atlantic School of Business: Jason Varner ([jvarner@cpaatlantic.ca](mailto:jvarner@cpaatlantic.ca))

CPA Ontario: Accommodations ([cpaaccommodations@cpaontario.ca](mailto:cpaaccommodations@cpaontario.ca))

CPA Quebec: Examination team ([amenagements@cpaquebec.ca](mailto:amenagements@cpaquebec.ca))

CPA Western School of Business: Privacy Officer ([privacy@cpawsb.ca](mailto:privacy@cpawsb.ca))

CPA Canada International: Inquiries ([internationalinquiries@cpacanada.ca](mailto:internationalinquiries@cpacanada.ca))