

# 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**. Applicants who do not submit a request for accommodation on or before the deadline for the applicable exam may have to defer to a future sitting of the exam. Many accommodations require supports to be arranged and setup, rendering late requests unable to be implemented until the next sitting. 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 professional must have made, or be able to confirm, the diagnosis of the disability for which you are requesting accommodation. The documentation must be current:

**For stable disabilities** (for example, physical or learning disabilities): Ideally, the applicant should be an adult when testing was done. In most cases, this means testing has been conducted when the applicant was at least 18 years of age or within the past five years.

**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.

### **Important note:**

Any potential testing accommodations granted are not meant to ensure any particular outcome, such as finishing the test, passing the test, doing better on the test, or reaching one's potential. We require evidence that you need your requested accommodation in order to access the test—not to “do better” on the test.

It is possible that current or previous academic institutions have provided you with support services which went above and beyond access to an examination in order to help you reach your potential or otherwise be successful. However, our obligation as a licensing body is to ensure fair and equal access to an examination while protecting the public interest and ensuring safe and ethical competence to practice.

**Submission:**

We require signatures on all documentation and all documentation must be legible. For further information on how and where to submit your completed forms, please **EMAIL** to your respective regional office:

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

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

CPA Quebec: [accommodements@cpaquebec.ca](mailto:accommodements@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	*for QC members, use your CPA Canada number
Email	Phone number		

2 Examination Details			
Exam	Exam Date	Exam Centre	
	Your application must be submitted 10 weeks prior to your preferred exam date.		
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 Functional Limitation		
What year was your disability professionally diagnosed?		
<b>Check all that apply.</b>		
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 Accommodations Requested

Your request for accommodation(s) and the medical professional's recommendation for accommodation(s) **must** be in agreement. The medical 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
Distraction reduced room* and proctor		Elevator	
Wheelchair access		Sign language interpreter	
Reader:	Person	Large type:	Physical version with larger font (      pt)
	Software (specify):		Electronic version
Other (specify):		Scribe:	Person
			Software (specify):

\* Distraction reduced room does not mean a private room.

\*\* Timed rest breaks are breaks provided to the applicant 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. When additional time is requested, an exact amount is required and the medical professional should provide a measurable basis for how they arrived at the amount of additional time.

## 5 Waiver

I, the applicant, 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 National Accommodations Advisory Panel all relevant information related to my request for accommodated testing, including, but not limited to:

- my accommodation request forms: Applicant 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 National Accommodations Advisory 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 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: Accommodations ([cpaaccommodations@cpaatlantic.ca](mailto:cpaaccommodations@cpaatlantic.ca))

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

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