



California Board of Accountancy
2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833

phone: (916) 263-3680 fax: (916) 263-3675 web: www.cba.ca.gov



Reasonable Accommodation Evaluation (Form B)

Purpose: The Reasonable Accommodation Evaluation (Form B) is used by an evaluator in support of an applicant's request for reasonable accommodations to the Uniform Certified Public Accountant Examination (CPA Exam).

Who Completes this Form: An evaluator completes Form B, or they may provide a written document containing all the information requested in Form B. An evaluator may not be related to the applicant by common descent, marriage, or domestic partnership.

When to Complete this Form: The evaluator wishes to do all the following:

- Certify the existence of an applicant's disability or temporary medical condition.
- Describe how the disability or temporary medical condition limits the applicant's ability to perform on the CPA Exam.
- Identify reasonable accommodations to address the applicant's disability or temporary medical condition.
- Certify that the impairment is either a permanent disability or temporary medical condition, as appropriate.

Where to Send this Form: The applicant must email Form B, along with Form A and any additional documentation, to ExamRequests@cba.ca.gov or deliver to the CBA at:

California Board of Accountancy
ATTN: EEU—Accommodation
2450 Venture Oaks Way, Suite 300
Sacramento, CA 95833-3291

Definitions:

- The **CPA Exam** is a standardized, computer-based, licensure examination that consists of multiple-choice questions and task-based simulations that assess the minimum competencies needed of newly licensed CPAs. The CPA Exam has four sections, and each section must be taken on a different day for a standard testing time of four hours per section. All test takers are provided an optional 15-minute break approximately half-way through each part.
- A **disability** is defined in the Americans with Disabilities Act. Disabilities are permanent physical or mental impairments that substantially limit one or more major life activity.
- A **Temporary Medical Condition** is a short-term injury or illness. For example, medical conditions such as a pregnancy, broken arm, or lactation are considered temporary medical conditions.

- An **Evaluator** is a person qualified to act within their scope of practice to evaluate the existence of an applicant's disability or temporary medical condition. The evaluator describes how the disability limits the applicant's ability to perform on the CPA Exam considering the examination format, environment, and allowable items. The evaluator recommends accommodations to address the applicant's impairments.
- **A reasonable accommodation** is an adjustment or modification of standard testing conditions that does **not**:
 - Alter what the CPA Exam measures.
 - Create an undue financial or administrative burden.
 - Compromise the security, validity, or integrity of the CPA Exam.

Reasonable Accommodation Evaluation (Form B)

This form is to be completed by an evaluator.

1. Applicant Name _____

2. Evaluator Information

Name

Telephone Number

Title

Institution/Business

License Type and State of Issuance

License Number

Additional Qualifications (optional)

3. Does the applicant have a disability that substantially limits at least one major life activity in comparison to the general population?

Yes No

4. Does the applicant have a temporary medical condition that impacts their ability to take the CPA Exam under standardized testing conditions?

Yes No

5. How would the Applicant's disability/temporary medical condition affect their ability to perform on the CPA Exam?

6. Based on the above, please list and explain the reasonable accommodation(s) you recommend. Please be specific. (Additional paper may be attached.)

7. Is the Applicant's need for reasonable accommodation:

Temporary Accommodation End Date: _____
 Permanent

I attest to the need for the accommodation(s) above due to the existence of a:

Permanent disability that substantially limits one or more major life activity
 Temporary medical condition

Additionally, I attest I am not related to the applicant by blood, marriage, or domestic partnership.

Evaluator Signature

Date

Personal Information Collection and Access

Personal Information Collection Notice: The California Board of Accountancy (CBA) of the Department of Consumer Affairs (DCA) collects personal information requested on this form as authorized by Business and Professions Code sections: 313.2, 5082, 5082.1, 5082.3, 5093 and 5093.5, titles II and III of the Americans with Disability Act, Information Practices Act (Civil Code section 1798 and following), and California Government Code section 12944 of the Fair Employment and Housing Act (FEHA). The CBA uses this information, in accordance with DCA's Privacy Policy, principally to review an applicant's need for a testing accommodation.

Mandatory Submission: Submission of the requested information is mandatory for examination applicants seeking testing accommodations. The CBA cannot consider your request for testing accommodations unless you provide all the requested information.

Access to Personal Information: You may review the records maintained by the CBA that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: The CBA makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, or subpoena, or a search warrant.

Additionally, if your accommodation request is approved by the CBA, your personal information will be disclosed to the National Association of State Boards of Accountancy (test administrator) and Prometric (testing center) to arrange for your accommodation.

Contact Information: For questions about this notice or access to your records, contact the CBA at Outreach@cba.ca.gov or at 2450 Venture Oaks Way, Suite 300, Sacramento, CA 95833. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.