

If you need to request testing accommodations for an exam, complete and return this form at least four (4) 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, treat, and recommend testing accommodations for individuals with your needs. The documentation must be current, which in most cases means it was produced within the last five years. We require original or electronic signatures on all documentation. A response will be provided within two (2) weeks.

Personal Information

CPA Number: _____

First Name: _____

Last Name: _____

Tel: () _____

Email: _____

Exam Information

Course Name: _____

Mid-term or Final Exam: _____

Exam Date (mm/dd/yyyy): _____

Test Centre Name (if applicable): _____

School Name (if applicable): _____

Test Centre E-mail: _____

Test Centre Tel: _____

Instructor Name: _____

Instructor E-mail: _____

Have you attempted this exam previously? (Yes/No) _____

Have you previously been granted an accommodation for a CPA's exam? (Yes/No)

Course Delivery (Check all that apply)

- Online
- Part-time Classroom
- Full-time Classroom

Disability Status (Check all that apply)

- Learning disabilities
- Visual impairment
- Mental illness or psychological disability
- Attention deficit disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD)
- Brain or head injury
- Medical conditions
- Others: _____

Accommodations Requested

- Extended testing time
- Additional rest breaks
- Low noise testing environment
- Enlarged font on the exam question and answer papers
- Allowing a medical device in the examination room, such as inhaler or diabetic equipment
- Other: _____

Please attach supporting documentation, give a detailed description of the circumstances and what is required:

By signing this form, I confirm that the information provided is accurate and agree to abide by the guidelines set out by the CPA's Accommodation Review Committee.

Signature: _____

Date: _____

Please complete the required fields, sign, and email or mail this form to

The CPA Accommodation Review Committee

The Canadian Payroll Association

1600 – 250 Bloor Street East, Toronto, ON M4W 1E6

Email: certification@payroll.ca

Tel: 416-487-3380 ext. 272 / Toll-free: 1-800-387-4693 ext. 272

Confidentiality and Commitment

We understand that information about special needs is personal and highly sensitive. Effective accommodation often involves the coordination of different organizations and individuals (test centers, etc.). By signing this form, the student is providing written consent to share information relevant to the accommodation with the student's examination proctor, course instructor, college coordinator, and/or test centre coordinator as applicable to the student's individual needs. The information provided will be kept confidential. There will be no indication in the record of examination results that accommodation was provided to the individual assisting in the accommodation process. The CPA is committed to providing accommodation free from barriers.