

**IDAHO STATE BOARD OF ACCOUNTANCY**  
**Idaho Division of Occupational and Professional Licenses**  
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or  
PO Box 83720, Boise Idaho 83720-0063  
Phone: (208)-334-3233 Website: <https://dopl.idaho.gov>  
E-mail: [isba@dopl.idaho.gov](mailto:isba@dopl.idaho.gov)

**Request for Modification in the Administration of the Uniform CPA Examination**

The Idaho State Board of Accountancy complies with the Americans with Disabilities Act. To ensure equal opportunity for all qualified persons, the Board will make reasonable accommodations for candidates having disabilities that might affect their taking the licensing examination.

**Provide the Board with written documentation:** This form **and** documentation from an appropriate health care professional supporting the accommodations you request. The documentation must include a diagnosis of your disability and a specific recommendation and justification for the testing accommodations you require. The Board will not pay any cost you incur in obtaining the required diagnosis and recommendation. However, it will pay for any reasonable accommodations that are provided for you.

**Please provide the following information and return this form to the Board.**

What is the disability that limits one or more of your major life activities (e.g., walking, hearing, speaking, seeing, reading, or writing)?

Will this disability require special accommodations in order for you to take the Uniform CPA Examination? If yes, describe the special accommodations needed. Use a separate sheet of paper if more space is needed.

**Affidavit from Candidate Agreeing to Modifications:**

I certify to the truth and accuracy of statements, answers, and representation made by me.

Name (Please Print) \_\_\_\_\_

Social Security Number (last 4 digits only) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please call the Board office at 208-334-3233 or email us at: [isba@dopl.idaho.gov](mailto:isba@dopl.idaho.gov).