Hong Kong Institute of
Certified Public Accountants
香港會計師公會

APPLICATION FOR SPECIAL EXAMINATION/ WORKSHOP ARRANGEMENTS

Purpose of this Document

This form is to be submitted by candidates who are applying for special arrangements for examinations/ workshops. Candidates who have special circumstances affecting their ability to perform in examinations/ workshops may apply for special examination/ workshop arrangements. The provision of such services allows these candidates to be equitably assessed under suitable conditions without having an unfair advantage over other candidates.

Documentation and reports from qualified medical practitioner and specialists are required to support the application, and must be attached to this application form. The documentation required will be specific to each case, but candidates should consider providing the following information in their submissions:

- a medical report by a qualified practitioner indicating the disability or illness, the effect this would have on a candidate during examination, and the date of diagnosis (to be within the last 12 months). In some instances a specialist's report may be required;
- specific recommendations on the testing accommodations should be stated on the application form; and
- special provisions that were granted to the candidate during prior university study and/or other professional examination.

The completed form and supporting documentation must be received by the Hong Kong Institute of Certified Public Accountants ("HKICPA" or "the Institute") before submitting enrolment application in each session. Candidate may be required to attend an interview and/or to take a speed test arranged by the Institute on need basis. Emergency situations will be considered upon request.

HKICPA does not guarantee that your request for special examination/ workshop arrangements will be granted, even if you have previously received special arrangements elsewhere. Any candidate with approved special examination/ workshop arrangements is required to re-submit his/her application for reassessment **every 18 months** from the examination session where special examination/ workshop arrangements were first granted or reassessed.

Submit this application form and all supporting documentation to the attention of the Examination Team via email or post.

Email: examadmin@hkicpa.org.hk
Contact: (852) 2287 7081

Mailing Address: 37/F, Wu Chung House,
213 Queen's Road East, Wanchai

Important Note: If you are applying the exact same special examination/ workshop arrangements that HKICPA has previously approved, you are only required to complete Part I (A), (B) & (D) and submit together with documentation / medical report that supports your request for special examination/ workshop arrangements to HKICPA before submitting enrolment application in each session. Do not re-submit any supporting documentation submitted before.

Part I: Details of Application

(A) Candidate's Information

Student Number: _____ Student Name: _____

Contact Number: _____ Email: _____

Personal Data (Privacy) Ordinance: All information provided in this form will only be used by the Institute or its agent for the purposes of processing the special examination / workshop arrangement request. Although you are not obliged to provide the data sought by this form, failing to do so may result in an inability to process your request. By completing the form, you agree that the staff of the Institute may use your personal data for the purposes specified above. Information of approved examination/ workshop logistic arrangements only will be disclosed to the Invigilation service providers for them to perform the necessary onsite arrangements. The detailed privacy policy to the Institute is available at http://www.hkicpa.org.hk/en/Tools/Privacy-policy.

(B) Examination/ Workshop Information

I would like to apply for special examination/ workshop arrangements in relation to the following examination:

Examination(s): _____ Session: _____

Workshop(s): _____ Session: _____

(C) Backgrounds for Applying Special Examination/ Workshop Arrangements

1. Details of condition.

2. Details of **special examination arrangements** requested.

3. Have you been granted for **special examination arrangements** before? ❒ Yes ❒ No

   If yes, please specify and submit evidence of previous allowance given in other educational settings.

4. Details of **special workshop arrangements** requested.

5. Have you been granted for **special workshop arrangements** before? ❒ Yes ❒ No

If yes, please specify and submit evidence of previous allowance given in other educational settings.

(D) Candidate's Declaration

I declare that all information and the documentation I have provided in support of my request for special examination/ workshop arrangements is true and correct to the best of my knowledge and belief.

I understand that documentation submitted must be up-to-date. If documentation is determined by the Institute to be insufficient or not current, I understand that I may be requested to submit additional or more current information. I also agree to notify the Institute of any material changes after my application.

Applicant's signature _____ Date _____

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Part II: Evaluation Details
(TO BE COMPLETED BY A QUALIFIED MEDICAL PRACTITIONER OR SPECIALISTS)

Note: Please also submit any other reports supplementing this Part.

(A) Student Details

Name of Patient: _____

HKICPA Student Number: _____

(B) Medical Practitioner Evaluation

1. History of student's impairment, including the time when the symptoms or condition first appeared, the time of first diagnosis, and the impact of the symptoms or condition.

Is the condition permanent or temporary? ❒ Permanent ❒ Temporary

If temporary, comment on how long the condition is expected to last, particularly if it is to be more than a year.

2. Explain how the symptoms/condition and current treatments affect the patient's examination/ workshop performance.

(C) Recommendation – Associate Modules 1 to 10

1. Recommend special examination arrangements based on your diagnosis and patient's condition to assure that the patient is not disadvantaged in the assessment. If recommending additional examination time, specify quantity of time for the concerned examination(s).

(i)

Recommendation for examination time extension under computer-based examination	**Module(s)**	**Associate Modules 1 to 5 Examinations**	**Associate Modules 6 to 9 Examinations**
	Original examination duration	1 hours and 45 minutes	2 hours and 30 minutes
	Examination Question Type	Multiple Choice Questions	Objective Type Questions
	Examination Mode	**Computer-based examination**	
	Additional examination time in minutes or percentage		

(ii)

Recommendation for examination time extension under computer-based examination	**Module(s)**	**Associate Module 10 Examination**
	Original examination duration	3 hours
	Examination Question Type	Essay type questions
	Examination Mode	**Computer-based examination**
	Additional examination time in minutes or percentage	

(iii)

Recommendation for arrangement other than time	

(D) Acknowledgement

I certify that all information provided in this form is true and correct to the best of my knowledge and belief.

Signature and Official Stamp of Medical Practitioner/ Specialist: _____

Name of Medical Practitioner/ Specialist: _____

Qualifications and (if appropriate) Practicing Certificate or Registration Number: _____

Date: _____

(C) Recommendation – Professional Modules 11 to 14

2. Recommend special examination/ workshop arrangements based on your diagnosis and patient's condition to assure that the patient is not disadvantaged in the assessment. If recommending additional examination time, specify quantity of time for the concerned examination(s).

(i)

Recommendation for examination time extension under paper-based examination	**Module(s)**	**Professional Modules 11 to 14 Examinations**
	Original examination duration	3 Hours
	Examination Question Type	Essay type questions
	Examination Mode	**Paper-based examinations**
	Additional examination time in minutes or percentage	

(ii)

Recommendation for examination time extension under computer-based examination	**Module(s)**	**Professional Modules 11 to 14 Examinations**
	Original examination duration	3 Hours
	Examination Question Type	Essay type questions
	Examination Mode	**Computer-based examinations** (effective from December 2027 Session)
	Additional examination time in minutes or percentage	

(iii)

Recommendation for arrangement other than time	

(D) Acknowledgement

I certify that all information provided in this form is true and correct to the best of my knowledge and belief.

Signature and Official Stamp of Medical Practitioner/ Specialist: _____

Name of Medical Practitioner/ Specialist: _____

Qualifications and (if appropriate) Practicing Certificate or Registration Number: _____

Date: _____

(E) Recommendation – Capstone

3. Recommend special examination/ workshop arrangements based on your diagnosis and patient's condition to assure that the patient is not disadvantaged in the assessment. If recommending additional examination time, specify quantity of time for the concerned examination(s).

(i)

Recommendation for examination time extension under paper-based examination	**Module(s)**	**Capstone Final Examination**
	Original examination duration	4 Hours
	Examination Question Type	Essay type questions
	Examination Mode	**Paper-based examination**
	Additional examination time in minutes or percentage	

(ii)

Recommendation for examination time extension under computer-based examination	**Module(s)**	**Capstone Final Examination**
	Original examination duration	4 Hours
	Examination Question Type	Essay type questions
	Examination Mode	**Computer-based examination** (effective from December 2026 Session)
	Additional examination time in minutes or percentage	

(iii)

Recommendation for arrangement other than time	

(F) Acknowledgement

I certify that all information provided in this form is true and correct to the best of my knowledge and belief.

Signature and Official Stamp of Medical Practitioner/ Specialist: _____

Name of Medical Practitioner/ Specialist: _____

Qualifications and (if appropriate) Practicing Certificate or Registration Number: _____

Date: _____