

# CFP® CERTIFICATION EXAMINATION: TESTING ACCOMMODATIONS REQUEST FORM

## INSTRUCTIONS

1. Read and review Testing Accommodations Request Form.
2. Collect all relevant supporting documentation from a qualified diagnosing professional and/or an employer.
3. Complete the Testing Accommodations Request Form.
4. Submit the Testing Accommodations Request Form along with the supporting documentation to [examinations@cfpboard.org](mailto:examinations@cfpboard.org) or via fax to 202-379-2299.
5. Testing accommodations requests are processed within 10 business days of receipt. If your processing time exceeds this window, please contact us at [examinations@cfpboard.org](mailto:examinations@cfpboard.org).

Testing accommodations requests will not be reviewed until your exam application and exam fee have been received by CFP Board.

## DOCUMENTATION REQUIREMENTS

1. Candidates are required to provide documentation that a condition(s) is (are) substantially limiting as to one or more major life activities to qualify as a disability as defined by the Americans with Disabilities Act Amendment Act (ADAAA); that is, candidates will need to provide evidence that the impairment is **substantially limiting**, not just the symptoms of a disorder or condition.
2. **Documentation of your disability typically comes from a professional who knows you well on a regular basis, and who can speak to the functional limitations and challenges you regularly experience.** Often, this is not the person who diagnosed your condition per se. Examples of such professionals include an employer, a counselor, a staff person at a vocational rehabilitation center, a job coach, or a physical therapist. Rather than focusing on your diagnosis, this documentation should speak to your current functional limitations and challenges in major life activities or activities of daily living, how these limitations interact with specific barriers, and what types of accommodations have been helpful to improve access and reduce barriers. Again, this documentation of your disability should come from a professional who knows you well on a regular basis.
3. Supporting documentation should address your daily functional limitations that would prevent you from accessing the Exam without accommodations. Candidates are required to provide a detailed rationale for the accommodations that are requested.
4. Supporting documentation from a doctor, employer, or other professional should be printed on letterhead and signed by the professional.
5. It may be helpful for you to provide your own personal statement, as a separate exhibit, to explain other daily living activities in which you are substantially limited.
6. All testing accommodations requests and supporting documentation must be legible and printed in English.
7. Currency requirements for evaluations:
  - a. No more than one year prior to anticipated CFP® exam date for physical disabilities, chronic health conditions, psychological and psychiatric disorders.
  - b. No more than five years prior to anticipated CFP® exam date for attention-deficit/hyperactivity disorder, learning and other cognitive disorders.

CFP Board is committed to providing reasonable accommodations to individuals with documented disabilities who can demonstrate a need for such accommodations. To be considered disabled, as defined by the Americans with Disabilities Act Amendments Act (ADAAA), an individual must be substantially limited in a major life activity, as compared to most people in the general population.

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## SECTION I: APPLICANT INFORMATION

Name:	CFP Board ID:
Anticipated Exam Date:	Registration Deadline:

## SECTION II: ACCOMMODATIONS REQUESTED

Provide a rationale for each accommodation you are requesting. The request will not be reviewed without a specific and complete rationale. Merely stating your diagnosis as the rationale is generally not sufficient to establish the basis for a reasonable accommodation.

<input type="checkbox"/> <b>Flexible Breaks (Stop the clock breaks)</b>
<b>Rationale:</b>

<input type="checkbox"/> <b>Additional 30 minutes per testing session – may be used for additional breaks</b> <b>Total test time: 7 hours. (Session 1: 3.5 hours; Session 2: 3.5 hours)</b>
<b>Rationale:</b>

<input type="checkbox"/> <b>Extended Time: Standard Time + 50%</b> <b>Total test time: 9 hours. Two day appointment. (Session 1: 4.5 hours; Session 2: 4.5 hours)</b>
<b>Rationale:</b>

<input type="checkbox"/> <b>Other(s) (Please provide description: Ex. Private Room):</b>
<b>Rationale:</b>