



Setting the global standard for investment professionals

CHARLOTTESVILLE · HONG KONG · LONDON · NEW YORK

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Fax: 434-951-5223 · Website: www.cfainstitute.org
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Request for Testing Accommodations Attention Deficit/Hyperactivity Disorder (AD/HD)

Application Requirements:

1. Enroll in the CFA[®] Program and register for the CFA exam.
2. Complete Part I of this form.
3. Have a qualified professional complete Part II of this form.
4. **In addition to completing parts I and II of this form, you must submit a separate evaluation that must comply with the guidelines listed below.**

Be conducted by a qualified professional (a licensed Clinical Psychologist, licensed Neurophysiologist, or licensed Psychiatrist)

Be up-to-date and comprehensive; as a guideline, CFA Institute suggests that your most recent evaluation is less than three years old

Meet full, standard criteria for AD/HD determination with an explanation of differential diagnosis, an evaluation of current impact, and a clinical summary supported by a rationale

Have a diagnosis that conforms with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

Provide evidence that this diagnosis does not rely solely on self-report in establishing developmental history, current symptoms, and evidence of clinically significant impairment

Explain past and current treatments for this condition and the effects of these treatments in ameliorating symptoms

Provide data-based evidence of significant impairment in the area for which an accommodation is requested

5. Attach all relevant professional documentation such as: all past professional evaluations, school records, report cards, transcripts, special education reports, previous test results (such as SAT/ACT), faculty comments, job performance reviews, a personal statement, or any other documentation demonstrating a history of significant impairment.
6. Submit your request and all supporting documentation to the attention of the Testing Accommodations Coordinator via email, fax, or mail as indicated above, at least **75 days prior to the exam date**. Upon receipt, we will forward your request to our consultant for review. Our consultant will make a recommendation regarding whether or not your impairment substantially limits you in one or more of the major life activities and thus qualifies you as disabled.

Returning Candidates

If your request for testing accommodations is exactly the same as CFA Institute provided to you in the past, you are only required to complete and submit Part I of this form (you are not required to resubmit the supporting documentation previously submitted). Returning candidates making new or altered requests are required to complete and submit Parts I and II of this form, and attach documentation that supports the new request for testing accommodations. You must submit all required documentation to CFA Institute at least **75 days prior to the exam date**.

Privacy of Medical Information

CFA Institute will not share your medical information except as necessary for evaluating a request for accommodation or implementing a granted accommodation. Only authorized CFA Institute staff and consultants may access information regarding the Americans with Disabilities Act (ADA) accommodations requests. Be sure to address all inquiries to the Testing Accommodations Coordinator at the contact information located above.



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Part I.
Request for Testing Accommodations
(To be completed by candidate)

Type or Print Legibly.

A. Candidate Information

Name: _____
Last (Surname) First (Given) Middle Name or Initial

Candidate Number: _____

Requested Test Center Location (as indicated on your acceptance notification):

Test center code (2-4 letters) _____ OR City, State/Country _____

I am enrolled in the following level of the CFA examination:

- Level I (June)
- Level II
- Level I (December)
- Level III

Did you previously sit for any level of the CFA examination?

- Yes
- No

If yes, did you request testing accommodations to take the examination?

- Yes
- No

If yes, briefly describe the accommodations granted to you, if any.

B. Nature of Disability (check all that apply)

- Physical Disability
- Psychological Disability
- Specific Learning Disability
- AD/HD
- Other

C. Requested Accommodation(s)

Note: Accommodation(s) must be appropriate to the disability and supported by documentation.

- Additional time _____ Per three hour session
- Consumption of food and/or drink
- Large print examination in 16pt Arial
- Other (please describe below)
- Semi-private room/
Distraction-reduced environment
- Use of special equipment
- Electronic Version of the Curriculum
- Wheelchair Access
- Scribe
- Reader

Please describe in detail the accommodation(s) requested:

If requesting special equipment or personal items in the testing room (e.g. medications, special chair, special lighting), please describe:

Provide a description of your disability and the extent of its effect on your daily life activities:

Briefly describe how the condition affects your test-taking ability or access to the test center:

D. Diagnosis

Date of first diagnosis of disability: _____
mm/dd/year

By whom: _____ Professional title: _____

Date of most recent diagnosis of disability: _____
mm/dd/year

By whom: _____ Professional Title: _____

E. Treatment

Are you currently receiving treatment for your condition? Yes No

If receiving treatment, describe the effect of treatment on your disability:

F. Past Accommodations Received

Indicate if you have received prior test accommodations in:

Elementary School

Any formal educational services? Yes No
Have you ever been held back a grade? Yes No

Describe and attach evidence of test accommodations received (include any accommodations/modifications received):

Secondary or High School

Any formal educational services? Yes No
Have you ever been held back a grade? Yes No

Describe and attach evidence of test accommodations received (include any accommodations/modifications received):

College or Higher Education

Any formal educational services? Yes No

Describe and attach evidence of test accommodations received (include any accommodations/modifications received):

Have you ever received test accommodations for the SAT, ACT, GRE, or other professional/entrance-type examinations? Yes No

Describe and attach evidence of test accommodations received (include any other accommodations/modifications received):

If you answered "yes" to any of the above questions, attach any records or other documentation concerning the diagnosis and the accommodations granted unless you are a returning candidate requesting the same accommodations that CFA Institute has provided to you in the past. Include past professional evaluations and/or educational records. Medical records or documentation of long-standing accommodations are particularly important.

G. Please attach all relevant documentation. Returning candidates requesting the same accommodations that CFA Institute has provided in the past may skip this section.

Check here if:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> All past professional evaluations | <input type="checkbox"/> unattainable |
| <input type="checkbox"/> School records including: report cards, transcripts, special education reports, faculty comments, etc. | <input type="checkbox"/> unattainable |
| <input type="checkbox"/> Previous test results (such as ACT/SAT) | <input type="checkbox"/> unattainable |
| <input type="checkbox"/> Job performance reviews | <input type="checkbox"/> unattainable |
| <input type="checkbox"/> Personal statement | |
| <input type="checkbox"/> Other documentation of a history of significant impairment | |

H. Candidate Pledge

I declare that all information I have supplied in support of my request for an accommodation is truthful and complete.

I declare that the person completing the written report is an appropriate and qualified professional who has diagnosed and/or treated me for the disability for which I am seeking an accommodation.

I agree to notify CFA Institute of any material changes. I understand that any false or misleading information I give to support my request for a disability accommodation will subject me to discipline in accordance with the CFA Institute Standards of Professional Conduct, which could include the suspension or termination of my candidacy or right to use the CFA designation.

I understand that documentation submitted in support of a request may be referred to one or more qualified professionals for fair and impartial review. I further understand that documentation submitted must be up-to-date and comprehensive. If documentation is determined by CFA Institute to be insufficient or not current, I understand that I may be required to submit additional or more current information.

I understand that I may not be granted any accommodation by CFA Institute.

Candidate Signature

Date



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Part II.
Request for Testing Accommodations
(To be completed by a qualified professional)

Testing accommodations for the CFA[®] examinations are granted in compliance with the Americans with Disabilities Act (ADA). The ADA applies to a candidate if the candidate's physical or mental impairment substantially limits his or her ability to sit for the examination as compared to the general population. CFA Institute does not guarantee that requests for testing accommodations will be granted, regardless of whether the candidate has previously received testing accommodations.

The following professionals are deemed appropriate and qualified to provide a diagnosis of Attention Deficit/Hyperactivity Disorder (AD/HD): licensed Clinical Psychologist, licensed Neurophysiologist, and licensed Psychiatrist.

In addition to completing this form, the candidate must submit a separate evaluation that must comply with the guidelines listed below.

Be up-to-date and comprehensive; as a guideline, CFA Institute suggests that the most recent evaluation is less than three years old

Meet full, standard criteria for AD/HD determination with an explanation of differential diagnosis, an evaluation of current impact, and a clinical summary supported by a rationale

Have a diagnosis that conforms with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

Provide evidence that this diagnosis does not rely solely on self-report in establishing developmental history, current symptoms, and evidence of clinically significant impairment

Explain past and current treatments for this condition and the effects of these treatments in ameliorating symptoms

Provide data-based evidence of significant impairment in the area for which an accommodation is requested

About the CFA Examination:

There are three levels of the CFA examinations -- Level I, Level II, and Level III. A candidate may only sit for one level of the examination at a time. The format of the Level I examination is entirely multiple choice. The Level II examination is entirely item set. The item set format asks CFA candidates to read through multiple-paragraph vignettes (*i.e.* story lines or short case studies) before answering several questions related to the passages. Level I and II candidates must manually complete machine-gradable answer sheets to record their selected answers. The Level III examination is 50 percent item set and 50 percent essay. The essay format requires CFA candidates to handwrite one or several paragraphs in response to each question.

Each level of the examination is given over two three-hour sessions on a single day. There is a break of approximately two hours between the morning session and the afternoon session. There are no other breaks, although candidates may take water breaks and visit the restroom if necessary.

Part II.
Request for Testing Accommodations
(To be completed by a qualified professional)

Type or Print Legibly.

Name of qualified professional: _____

Title: _____

A. Diagnosis

Provide DSM-IV diagnosis:

Date the candidate was first diagnosed: _____
mm/dd/year

Date of your most recent diagnosis of the candidate's disability: _____
mm/dd/year

B. Evaluation

Is the candidate significantly impaired in his or her ability to read, write, and/or concentrate for extended periods of time? If so, describe:

Describe and attach results of any objective testing you performed on the candidate that would suggest that the candidate is unable to perform an activity that an average person in the general population can perform:

Were alternate explanations for presenting complaints ruled out via a thorough differential diagnosis? If so, please describe:

Briefly describe the treatment(s) that the candidate has received in the past and/or is currently receiving and the effect of treatment on the condition. Does this treatment reduce the candidate's impairment?

C. Recommendation

Based on the candidate’s disability and your diagnosis, what testing accommodation(s) would you recommend?
Note: Your rationale should link the recommended accommodation(s) to the candidate’s areas of documented impairment.

If recommending additional time, specify amount of time per session:

_____ per three hour session

I certify that all the information on this form is true and correct to the best of my knowledge and belief. I understand that this information may be reviewed by a qualified professional retained by CFA Institute to assist in determining testing accommodations.

Please attach all relevant documentation, including your complete evaluation of the candidate or any past evaluations. Completion of this request form is not sufficient evidence to support a request for a testing accommodation.

Signature

Date