

Request for Testing Accommodations Physical Disabilities

Application Requirements:

1. Enroll in the CIPM Program and register for the CIPM 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 Physician or licensed Professional)

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

Provide an explanation of differential diagnosis, an evaluation of current impact, and a clinical summary supported by a rationale

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 from all evaluations as well as any relevant documentation that documents a history of significant impairment.
6. Submit your request and all supporting documentation to the attention of the CIPM Testing Accommodations Coordinator via email, fax, or mail as indicated above, by **31 January for the March - April exam window** or **31 July for the September - October exam window**. 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. 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 by **31 January for the March - April exam window** or **31 July for the September - October exam window**.

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 CIPM Testing Accommodations Coordinator at the contact information located above.



CFA Institute
560 Ray C. Hunt Drive • P.O. Box 3668
Charlottesville, VA 22903-0668 USA
Fax: 434-951-5223
Website: www.cfainstitute.org/cipm
Email: examadmin@cfainstitute.org

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: _____
City, State/Country

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

- Principles Expert

Did you previously sit for any examination offered by CFA Institute (CFA program or CIPM program)?

- 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 Specific Learning Disability Other
 Psychological Disability AD/HD



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C. Requested Accommodation(s)

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

- | | |
|---|--|
| <input type="checkbox"/> Additional time
_____ additional minutes for the
180 minute exam | <input type="checkbox"/> Semi-private room/
Distraction-reduced environment |
| <input type="checkbox"/> Consumption of food and/or drink | <input type="checkbox"/> Use of special equipment |
| <input type="checkbox"/> Large print examination
_____ Font size | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Scribe | |

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:



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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):



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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. 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 such as:

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

Check here if:

- unattainable
- unattainable
- unattainable
- unattainable



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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 CIPM Association Standards of Professional Conduct, which could include the suspension or termination of my candidacy or right to use the CIPM 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

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

Testing accommodations for the CIPM 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 Physical Disabilities: licensed Physician or licensed Professional.

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

Be conducted by a qualified professional (a Physician or licensed Professional)

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

Provide an explanation of differential diagnosis, an evaluation of current impact, and a clinical summary supported by a rationale

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 CIPM Examination:

There are two levels of the CIPM examinations – Principles and Expert. A candidate may only sit for one level of the examination at a time. The format of the Principles examination is entirely multiple choice. The Expert examination is entirely "item set." The "item set" format asks CIPM candidates to read through multiple-paragraph vignettes (*i.e.* story lines or short case studies) before answering several questions related to the passages. The exam is computer-based.

Each level of the examination is 180 minutes in length. An additional 30 minutes is allotted prior to the examination to allow candidates time to complete a candidate pledge and computer-based survey. The entire appointment, therefore, is 210 minutes. There are no scheduled breaks, although candidates may take water breaks and visit the lavatory if necessary.



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Name of qualified professional: _____

Title: _____

A. Diagnosis

Provide 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:

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?



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Is this a permanent condition? Yes No

If no, when is the condition likely to abate? _____

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 the amount of time:

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