

Disability Attestation

This form consists of a **Medical Professional Questionnaire**, to be completed by a qualified medical professional, and a **Personal Statement** to be completed by the candidate/patient.

Testing accommodations for CFA Institute proctored exams are granted in compliance with the law. The law applies to a candidate if the candidate's physical or mental impairment substantially limits his or her ability to sit for the exam as compared to the general population.

The following professionals are deemed **appropriate and qualified** to complete this form and provide a diagnosis of:

- **Attention Deficit/Hyperactivity Disorder (AD/HD):** licensed Clinical Psychologist, licensed Neuropsychologist, and licensed Psychiatrist.
- **Learning Disabilities (LD):** licensed Clinical Psychologist, licensed Neuropsychologist, licensed Educational or School Psychologist, Educational Diagnostician, Learning Disabilities Specialist, or Educational Therapist.
- **Mental Disabilities:** licensed Clinical Psychologist, licensed Psychiatrist, or other licensed Mental Health Professional.
- **Physical Disabilities:** licensed Physician or licensed Professional.

In addition to completing this form, a separate evaluation that complies with the guidelines below must be submitted:

- ✓ 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 determination with an explanation of differential diagnosis, an evaluation of current impact, and a clinical summary supported by a rationale
- ✓ With the exception of physical disabilities (inclusive of visual and hearing impairments), all evaluations must have a diagnosis that conforms with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)
- ✓ 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 objective evidence of a material restriction in the area for which an accommodation is requested

About the CFA® Exam: There are three levels of the CFA exam -- Level I, Level II, and Level III. All levels of the CFA exam are computer-based. The format of the Level I exam is multiple choice. The Level II exam is item set. The item set format asks candidates to read through multiple paragraph vignettes (i.e., story lines or short case studies) before answering several questions related to the passages. The Level III exam is 50 percent item set and 50 percent essay. The essay format requires candidates to type one or several paragraphs in response to each question. Each level is 4.5 hours split evenly into two sessions. There is an optional 30-minute break between sessions. There are no other scheduled breaks, although candidates may take water breaks and visit the restroom. CFA Institute only evaluates requests for accommodation for a candidate's current exam level and active registration.

About the CIPM® Exam: There are two levels of the CIPM exam – Level I and Level II. The format of the Level I exam is multiple choice. The Level II exam is item set. The item set format asks 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 is 180 minutes. An additional 30 minutes is allotted to allow time to complete a candidate pledge and provide comments. The entire appointment is 210 minutes. There are no scheduled breaks, although candidates may take water breaks and visit the restroom.

About the Certificate in ESG Investing Exam: The CFA Institute Certificate in ESG Investing exam is computer-based, consisting of 100 multiple choice questions to be completed in 2 hours and 20 minutes. The exam can be taken via Online Proctored Testing (OPT) or In-Person Site Testing (IST). There are no scheduled breaks, although candidates may take water breaks and visit the restroom.

Part I. Medical Professional Questionnaire

TO BE COMPLETED BY A QUALIFIED PROFESSIONAL. TYPE OR PRINT LEGIBLY.

Name of Qualified Professional: _____ Title: _____

Name of Patient: _____ CFA Institute ID # _____
(Patient may provide this number)

A. Diagnosis

DSM-5 diagnosis: _____ Date the patient was first diagnosed: _____
MM/DD/YYYY

Date of your most recent diagnosis of the patient's disability: _____
MM/DD/YYYY

B. Evaluation (Please also submit a separate evaluation and all other relevant documentation as described on Page 1)

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

Describe and attach results of any objective testing you performed on the patient that suggests the patient is unable to perform an activity 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 explain:

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

Is disability a permanent condition? Yes No If not, when is the condition likely to abate? _____

C. Recommendation (Indicate accommodation(s) you recommend based on patient's disability and your diagnosis) Note: Your rationale should link the recommended accommodation(s) to the patient's areas of documented impairment.

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

D. Acknowledgement

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. I understand that completing this request form alone is not sufficient evidence to support a request for testing accommodation.

Medical Professional Signature_____
Date**Part II. Personal Statement**

TO BE COMPLETED BY THE CANDIDATE

To help us understand your unique experience which may not be captured elsewhere in your documentation, in your own words please describe your current functional limitations as it relates to your test-taking abilities under standard conditions and why the accommodations sought are necessary. If you do not have a history of disability accommodation, please explain why. If you are asking for accommodation that you have never used before, please also explain why.

Candidate Signature_____
Date