Testing accommodations for CFA Institute 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 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, 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 exams -- Level I, Level II, and Level III. 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. Level I and II candidates must manually complete machine-gradable answer sheets to record their answers. The Level III exam is 50 percent item set and 50 percent essay. The essay format requires candidates to handwrite one or several paragraphs in response to each question. Each level is given over two three-hour sessions on a single day. There is a break of approximately two hours between the A.M. and the P.M. session. There are no other breaks, although candidates may take water breaks and visit the restroom. CFA Institute only evaluates requests for accommodations for a candidate’s current exam level.

**About the CIPM Exam:** There are two levels of the CIPM exam – Principles and Expert. The format of the Principles exam is multiple choice. The Expert 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 Claritas Exam:** There is one level of the Claritas exam. The format of the Claritas exam is computer-based and multiple choice. The exam is 120 minutes in length. An additional 15 minutes is allotted to allow candidates time to complete a tutorial, candidate pledge, and survey. The entire appointment is 135 minutes. There are no scheduled breaks, although candidates may take water breaks and visit the restroom.
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

Provide DSM-5 diagnosis: ___________________________ Date the patient was first diagnosed: ___________________________

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, describe:

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 describe:

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 a testing accommodation.

_____________________________ ___________________________
Signature Date