

Physician's Certification Form

For the CFA® Program

This document must be completed in English or be submitted with a notarized translation. If your deferral is approved, you will be emailed a link to submit your USD100 processing fee. You must pay this fee within 7 days of approval to receive your deferral.

Providing false documentation is a serious violation of the CFA Institute Code of Ethics and Standards of Professional Conduct. If we suspect your documentation is false, your request will be denied and you will be referred to our Professional Conduct department for disciplinary sanctions, including possible restriction from the CFA Program exams.

TO BE COMPLETED BY CANDIDATE

FULL NAME AS DISPLAYED IN CFA INSTITUTE RECORD

CFA INSTITUTE IDENTIFICATION #

EMAIL AS DISPLAYED IN CFA INSTITUTE RECORD

EXAM DATE

By signing this form, I agree that I have provided truthful and accurate information regarding my deferral request. The information listed below, from my treating physician, will confirm the information I previously provided. I understand that providing false and/or inaccurate medical information may be deemed as a violation by the CFA Institute Professional Conduct department, result in disciplinary sanction, and consequently impact future registrations.

CANDIDATE SIGNATURE

DATE (DAY/MONTH/YEAR)

TO BE COMPLETED BY LICENSED PHYSICIAN

PATIENT NAME

RELATIONSHIP TO CANDIDATE*

DATE OF DIAGNOSIS

DATE OF LATEST EVALUATION

ILLNESS/CONDITION TREATED

DURATION OF TREATMENT PLAN (if applicable)

Is this illness/condition life-threatening to the patient on the Exam Date (indicated above)?

YES

NO

I certify below that all of the above information is truthful and accurate, and I understand that CFA Institute may contact me to verify all information included herein.

PHYSICIAN'S SIGNATURE

DATE (DAY/MONTH/YEAR)

PRINTED PHYSICIAN'S FULL NAME

MEDICAL LICENSE/REGISTRATION NUMBER

DEGREE/SPECIALTY

ADDRESS

CITY

STATE

COUNTRY

E-MAIL ADDRESS (MUST BE LEGIBLE TO ALLOW RECEIPT OF IMPORTANT COMMUNICATIONS)

TELEPHONE NUMBER (INCLUDE COUNTRY CODE, AREA OR CITY CODE, AND LOCAL)

Include official stamp of medical practice here if available:

*Deferrals will only be considered for the candidate or their immediate family. For the CFA Program Deferral policy, immediate family is defined as only the candidate's parent, sibling, spouse/domestic partner, or child.

Upload your document at <https://cfaprogram.cfainstitute.org/documents/upload> within 7 days of your request.



CFA Institute

May 2025

Attachment A -

Common Conditions Not Considered Life-Threatening Enough to Warrant a Deferral

Conditions considered not life-threatening enough to warrant a deferral:

Anxiety
Backache
Blisters/cuts/injuries to writing hand
Broken bones- limbs, toes, fingers
Carpel tunnel syndrome
Chronic compression fracture of the spine
Cold/bronchitis/upper respiratory infection
Community acquired pneumonia (unless hospitalized) Conjunctivitis
COVID-19
Fever (unknown origin)
Food poisoning
Gastroenteritis
Headaches/migraines
Hemorrhoids
Influenza without complications
Lasik eye surgery (elective)
Menstruation problems
One-day illnesses of any type
Panic attacks
Outpatient anticoagulation
Removal of teeth
Skin diseases (eczema, hives, itching)
Strep throat
Tonsillitis
Urinary tract infection
Virus/fever
Vomiting, nausea, and/or diarrhea (unless hospitalized)

Note: This list is not meant to be an exhaustive list of conditions that do not qualify for a deferral.