

SPECIAL ACCOMMODATIONS VERIFICATION REQUEST FORM

A Licensed or Qualified Professional whose credentials are appropriate to diagnose and evaluate the candidate's physical or learning disability and make recommendations for appropriate testing or CE Session accommodations must complete this form. The professional must have treated, diagnosed, or had some other professional relationship with the candidate within the last five (5) years and have knowledge of the candidate's current level of function. Attach additional sheets as needed. A copy of the documentation (e.g., educational assessment, psychological report) that provides diagnostic/clinical data (e.g., scores from educational testing) confirming the diagnosis, and the need for the testing accommodation must be enclosed with this form.

I: LICENSED/QUALIFIED PROFESSIONAL INFORMATION

Professional's Name: _____

Title: _____ License #: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Daytime Telephone: () _____

II: CANDIDATE DISABILITY STATUS (Check all that apply)

Physical _____ Learning _____ Hearing Impaired _____

Vision Impaired _____ Other (Specify): _____

III: DIAGNOSIS AND TREATMENT INFORMATION

A. Specified Diagnosis: _____

Please note: If this is a specific learning disability, learning-related or psychological disability, please provide identification of the DSM-III-R or DSM-IV diagnosis. **(Enclose copy of psychological or educational assessment report.)**

B. Describe the manner in which this disability impairs major life activity/functioning:

C. Last date of your treatment or consultation with the candidate:

D. Identify the aspect(s) of the candidate's functioning which requires testing accommodations, and the effect of the disability on the candidate's functioning under standard testing conditions:

E. If the candidate has a specific learning or psychological disability, identify the specific assessments (e.g., standardized psychological/educational tests) used to identify and confirm the diagnosis. **(You must enclose copies of these test results/evaluations/educational or psychological reports with this form or the request will not be considered.)**

F. Based on your knowledge of this candidate's disability and current functioning, which of the following accommodations are recommended? (Check all that apply).

Paper & Pencil Exam^ Extra Time* ____ Minutes

Reader/Writer/Recorder Sign Language Interpreter

Other; Please specify _____

^ Paper and Pencil Exam is not offered for CE sessions; option is for qualifying exams only.

*** If extra time is selected, the specific amount of extra time requested is required. Please see the attachment for the standard examination and CE session lengths.**

G. Please describe your qualifications/credentials and professional relationship with this candidate which facilitates making these recommendations for the candidate:

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

Professional's Signature: _____

License/Certification Number: _____

Date: _____

I, _____, the candidate, certify that all the information on this form is true and correct.

Signature: _____ Date: _____

NOTE: All forms and supporting documentation may be faxed to FINRA at 1-240-386-4706 or emailed to fieldsupport@finra.org. Documentation should be sent to the following address: FINRA, 9509 Key West Avenue, 3rd Floor, Rockville, MD 20850, Attention: Field Support Services

EXAMINATION & CE SESSION LENGTHS

Series/ Session	Examination/Session	Minutes
3	National Commodity Futures	150
4	Registered Options Principal	180
5	Interest Rate Options	90
6	Investment Company Products/Variable Contracts Representative	135
7	General Securities Representative	360
9	General Securities Sales Supervisor Options Module	90
10	General Securities Sales Supervisor General Module	240
11	Assistant Representative-Order Processing	60
12	Branch Manager	180
14	Compliance Officer	180
16	Supervisory Analyst Part 1	90
17	Limited Registered Representative	120
22	Direct Participation Programs Representative	135
23	General Securities Principal Sales Supervisor Module	150
24	General Securities Principal	210
26	Investment Company Products/Variable Contracts	150
27	Financial and Operations Principal	210
28	Introducing Broker/Dealer Financial and Operations Principal	120
30	Branch Managers Examination - Futures	60
31	Futures Managed Funds Examination	60
32	Limited Futures Exam-Regulations	45
37	Canada Module of S7 [Options Required]	150
38	Canada Module of S7 [No Options Required]	75
39	Direct Participation Programs Principal	135
42	Registered Options Representative	90
51	Municipal Fund Securities Limited Principal	90
52	Municipal Securities Representative	180
53	Municipal Securities Principal	180
55	Limited Representative-Equity Trader Examination	180
62	Corporate Securities Limited Representative	150
63	Uniform Securities Agent State Law Exam	75
65	NASAA-Investment Advisors Law Exam	180
66	NASAA-Uniform Combined State Law Exam	150
72	Government Securities Representative	180
82	Limited Representative-Private Securities Offerings	150
86	Research Analyst Part I Analysis Module	240
87	Research Analyst Part II Regulations Module	90
CE101	Regulatory Element General Program	210
CE106	Regulatory Element Investment Representative Program	210
CE201	Regulatory Element Supervisor/Principal Program	210