



# Testing Accommodations Verification Request Form

This form must be completed by a licensed or otherwise qualified professional whose credentials are appropriate to diagnose and evaluate the candidate’s physical or learning disability and make recommendations for testing accommodations. The professional must have treated and/or diagnosed the candidate within the last five 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) dated within the last five years that provides diagnostic/clinical data (e.g., scores from educational testing) confirming the diagnosis, and the need for the testing accommodation as well as accommodation recommendation(s) must be enclosed with this form for all learning disabilities. If the last examination and/or report is over five years old, please contact the FINRA Accommodations Team for additional guidance.

See the [Exam Candidates Requiring Testing Accommodations](#) page for more information.

## I: Licensed/Qualified Professional Information

Licensed/Qualified Professional’s Name: \_\_\_\_\_

Title: \_\_\_\_\_ License #: \_\_\_\_\_

License Granting Authority: \_\_\_\_\_

Institution/Practice Name: \_\_\_\_\_

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: \_\_\_\_\_

Is this a specific learning disability, learning-related or psychological disability?      **Yes**      **No**

*If yes, please provide identification of the DSM-V or the most current version of the DSM diagnosis by enclosing a copy of psychological or educational assessment report. See Section E for more information.*

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

C. Date of your most recent treatment or consultation with the candidate: \_\_\_\_\_

Date you first saw the candidate for this condition: \_\_\_\_\_

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. An individual self-assessment is not acceptable.)**

Is the included report more than five years old?      **Yes**      **No**

*If yes, please add an explicit notation below confirming that the previous diagnosis is still current.*

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

#### IV: Specific Accommodations Requested

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 (Non-Computerized) Exam                       ^ Human Reader/Human Recorder

*The accommodations above are only available for delivery at a testing center. Upon contacting the testing vendor, please be advised that they require 10 business days to prepare for appointments scheduled with these accommodations.*

*For paper & pencil exams, please allow five business days after testing for a paper exam to be scored and posted to CRD or TESS.*

\*\* Extra Time                      \_\_\_\_\_ Minutes

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

Other: Please Specify \_\_\_\_\_

#### V: Professional's Certification

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

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_

#### VI: Candidate's Certification

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** All requests take approximately 4-5 business days to process after which a confirmation email will be sent with the offered accommodations. All forms and supporting documentation may be faxed to FINRA at (202) 303-3901 or emailed to [TARrequest@finra.org](mailto:TARrequest@finra.org).

**If mailed, forms and documentation should be sent to the following address:**

FINRA - Candidate Services  
9509 Key West Avenue, 3rd Floor  
Rockville, MD 20850

*Personal Confidential Information*

# Exam Lengths

Series	Exam	Minutes
SIE	Securities Industry Essentials	105
3	National Commodity Futures	150
4	Registered Options Principal Exam	195
6	Investment Company Products and Variable Contracts Representative Exam	90
7	General Securities Representative Exam	225
9	General Securities Sales Supervisor - Options	90
10	General Securities Sales Supervisor - General	240
14	Compliance Official Exam	180
22	Direct Participation Programs Representative Exam	90
23	General Securities Principal Exam - Sales Supervisor	150
24	General Securities Principal Exam	225
26	Investment Company and Variable Contracts Products Principal Exam	165
27	Financial and Operations Principal Exam	225
28	Introducing Broker/Dealer Financial and Operations Principal Exam	120
30	NFA Branch Manager Examination	60
31	Futures Managed Funds Examination	60
32	Limited Futures Exam-Regulations	45
34	Retail Off-Exchange Forex Examination	60
39	Direct Participation Programs Principal Exam	135
50	Municipal Advisor Representative Examination	180
51	Municipal Fund Securities Limited Principal	90
52	Municipal Securities Representative	150
53	Municipal Securities Principal	180
54	Municipal Advisor Principal	180
57	Securities Trader Representative Exam	105
63	Uniform Securities Agent State Law Exam	75
65	NASAA-Investment Advisors Law Exam	180
66	NASAA-Uniform Combined State Law Exam	150
79	Investment Banking Representative Exam	150
82	Private Securities Offerings Representative Exam	90
86	Research Analyst Exam - Part I - Analysis	270
87	Research Analyst Exam - Part II - Regulatory	105
99	Operations Professional Exam	90
161	Supervisory Analyst Exam Part 1	90
162	Supervisory Analyst Exam Part 2	120