



Testing Accommodations Verification Request Form

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 must complete this form. The professional must have treated and/or diagnosed 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) dated within the last five (5) 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 (5) years old, please contact the FINRA Accommodations Team for additional guidance.

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: _____

Please note: If this is a specific learning disability, learning-related or psychological disability, please provide identification of the DSM-V or the most current version of the DSM diagnosis. **(Enclose copy of psychological or educational assessment report.** An individual self-assessment is not acceptable.)

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

C. Last date of your most recent treatment or consultation with the candidate and 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.)**

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

G. 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 ^ _____ Extra Time** _____ Minutes
Reader/Recorder^ _____ Other: Please specify _____

^ Upon contacting the testing vendor, please be advised that the vendor requires 10 business days to prepare for appointments scheduled with these accommodations.

For Paper & Pencil Exams, please allow 5 business days after testing for your paper exam to be scored and posted to your WebCRD record.

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

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: _____

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 TAREquest@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

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