

# CE Online Accommodations Verification Request Form

The CE Online Program provides participants with the flexibility to satisfy their CE Regulatory Element requirement from a home or office computer—anytime, anywhere. FINRA's CE Online Program is naturally accommodating; however, some participants may require additional accommodations, modifications and/or assistance.

Participants who may require additional accommodations, modifications and/or assistance and who are unable to complete their CE via online delivery must have this form completed by a licensed or otherwise qualified medical professional whose credentials are appropriate to diagnose and evaluate the participant's physical or learning disability and make recommendations for accommodations.

**The professional must have treated and/or diagnosed the participant within the last five (5) years and have knowledge of the participant's current level of function.** A copy of the documentation (e.g., educational assessment, medical or 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 accommodation, as well as accommodation recommendation(s), must be enclosed with this completed form. For claims of physical disability, you must provide a report on professional stationery/letterhead describing the disability and how it prevents the applicant from taking the program online and proposing an appropriate accommodation, along with this completed form. If the last examination and/or report is more than 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: Participant Disability Status: (Check all that apply)

A. Physical \_\_\_\_\_ Learning \_\_\_\_\_ Vision Impaired \_\_\_\_\_

Other (Specify): \_\_\_\_\_

B. Temporary \_\_\_\_\_ Permanent \_\_\_\_\_

## 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-5 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 a major life activity/functioning:
  
- C. Identify the aspect(s) of the participant's functioning that requires accommodation and the effect of the disability on the participant's functioning related to completing the CE Online session:
  
- D. Based on your knowledge of this participant's disability and current functioning, how does FINRA's CE Online Delivery System, as described and defined on the previous page, not meet this participant's needs and what accommodation(s) do you recommend to facilitate this individual's participation?
  
- E. If the participant 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 participant, including the length of that relationship, which facilitates making these recommendations for the participant:
  
- G. Last date of your most recent treatment or consultation with the participant and date you first saw the participant for this condition:

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: \_\_\_\_\_

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

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

**Note:** All requests take approximately 2-3 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 SARrequest@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