Financial Industry Regulatory Authority

Special 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 or Continuing Education (CE) session 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-III-R or DSM-IV 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.

Paper & Pencil Exam is not offered for CE sessions; option is for qualifying exams only. 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 and CE session 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: _____

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I, _____, the candidate, 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 SARequest@finra.org.
If mailed, forms and documentation should be sent to the following address:

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

Examination & CE Session Lengths

Series/ Session	Examination/Session	Minutes
3	National Commodity Futures	150
4	Registered Options Principal	180
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
14	Compliance Officer	180
17	Limited Registered Representative	150
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	NFA Branch Managers Examination	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	210
53	Municipal Securities Principal	180
55	Limited Representative-Equity Trader Examination	180
56	Proprietary Trader Qualification Examination	150
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
79	Limited Representative-Investment Banking Examination	300
82	Limited Representative-Private Securities Offerings	150
86	Research Analyst Part I Analysis Module	240
87	Research Analyst Part II Regulations Module	90
99	Operations Professional	150
161	Supervisory Analyst Part 1	90
162	Supervisory Analyst Part 2	120
CE101	Regulatory Element General Program	180
CE106	Regulatory Element Investment Representative Program	180
CE201	Regulatory Element Supervisor/Principal Program	180
CE501	Proprietary Traders Continuing Education Program	120
CE901	Regulatory Element Operations Professional Program	180