Request for Accommodation Form

First-Time Accommodations

- Use this form only if you are requesting accommodations for the first time or are requesting accommodations that differ from those the SOA has previously granted you.

Repeat Accommodations

- If you are requesting only the same accommodations the SOA previously has granted you, you are not required to complete this form provided you are taking the same type exam and the functional limitation resulting from your disability is not expected to change over time (see Testing Accommodations Overview). Complete the Certification Regarding Accommodations Previously Granted by the SOA form instead.

Please print or type for legibility.

I. Candidate Information

Name: _____ Date of Birth or SOA ID#: _____

Address: _____

City, State, ZIP Code: _____

Exam for which accommodation is sought: _____

*Exam Date: _____ *Requested Exam Location: _____

*Please indicate your interest. If you are taking C.B.T. (computer-based test), do not schedule your appointment with Prometric until accommodations are approved by our staff.

II. A. Nature of Your Disorder/Condition (check all that apply and provide specific diagnosis if available)

- □ cognitive _____
- □ physical _____
- □ psychological _____

- □ hearing _____
- □ visual _____
- □ other _____

B. For each disorder/condition identified in Section II.A, please provide the following:

1. FIRST-TIME DIAGNOSIS: The name of the disorder/condition; your age at the time you were first professionally diagnosed with the disorder/condition; the year in which you received the diagnosis; and the name of the qualified professional who made the diagnosis.

Disorder/Condition	Age	Year	Qualified Professional

2. RECENT DIAGNOSIS: The name of the disorder/condition; your age at the time the diagnosis was most recently confirmed or reassessed; the year in which this occurred; and the name of the qualified professional who completed the assessment.

Disorder/Condition	Age	Year	Qualified Professional

C. Describe how each disorder/condition identified in Section II.A impacts your ability to take the examination under standard testing conditions and explain why you need each of the accommodations you are requesting. *Attach additional sheets if necessary.*

_____

_____

_____

_____

_____

III. Accommodations Requested

A. List all accommodations you are requesting for the examination. (If you are requesting additional testing time, you must also answer Section III.B).

_____

_____

_____

B. Are you requesting additional testing time to take the examination?

□ Yes □ No (skip to section IV)

If "Yes," specify the amount of time requested for each testing session as a percentage (i.e., time-and-a half, 50% additional time): _____

IV. Prior Testing Accommodations

A. Have you previously taken an examination offered by the SOA?

□ Yes □ No (skip to Section IV.C)

B. If "Yes," have you previously requested testing accommodations from the SOA?

□ Yes □ No (skip to Section IV.B.2)

1. If "Yes," please answer the following:

a. Examination and Exam Date for which accommodations were requested:

_____

b. Accommodations approved by the SOA, if any: _____

_____

_____

c. Are you requesting accommodations that differ from those accommodations that the SOA has previously approved for you?

□ Yes

□ No (Do not submit this form. Complete the Certification Regarding Accommodations Previously Granted by the SOA form instead.)

If you answered "yes," please explain why you are requesting different accommodations.

_____

_____

_____

_____

2. If you have not previously requested testing accommodations from the SOA, please explain why you are requesting testing accommodations for this examination:

_____

_____

_____

C. Were you previously approved to receive testing accommodations in other testing situations (for example, other professional licensing, certification or credentialing tests; undergraduate or graduate standardized admission tests)?

□ Yes □ No (skip to section IV.D)

1. Specify the prior tests taken; the date taken; the nature of the test; whether accommodations were requested; and the accommodations granted. If you did not request accommodations (or if you took the exam multiple times and did not request accommodations for all administrations), please explain.

Test	Date	Nature of Test	Acc. Req. (Y/N)	Accommodations Granted

2. Do you have a letter or similar documentation from the prior test entity confirming that testing accommodations were approved and specifically identifying the testing accommodations provided? (If yes, attach a copy).

□ Yes □ No

D. Do you certify that you are currently experiencing the functional limitations caused by the disability(ies) for which testing accommodations were previously approved (whether by the SOA or another testing entity)?

□ Yes □ No

If "No," please explain how the functional limitations caused by your disability have changed.

_____

_____

_____

V. Prior Education Testing Accommodation History

A. Did you ever receive testing accommodations in prior education settings, such as postsecondary school (undergraduate or graduate school), secondary school (high school), or elementary school?

□ Yes □ No

If "Yes," identify the school providing accommodations and specify in what years, what accommodations were provided and what was your disability at the time. For testing accommodations, please list the type of test (e.g., multiple choice, essay) and the course type.

_____

_____

_____

If "No," please explain.

_____

_____

_____

B. If you answered yes to Section V.A., please provide relevant documentation confirming your receipt of these testing accommodations. Such documentation may include a copy of your most recent formal evaluation, IEP, Section 504 Plan, Summary of Performance, or Private School Formal Written Plan, if available; other relevant record or documentation of the testing accommodations you received and the disabilities for which they were provided, such as a letter on school letterhead; or record of attendance at a specialized school that provided such testing accommodations to all students.

VI. Certification

- I am aware that I am responsible for the completeness and accuracy of the information provided on this form and that it is my responsibility to obtain and timely submit all required supporting documentation.

- I understand that my request for accommodation will not be processed if it is found to be incomplete, and that if a complete request with required supporting documentation is not received by the SOA by the registration deadline for the particular examination for which I am seeking accommodation, it will not be processed for that examination, but for an examination to be administered in the future.

- I understand also that I may be required to provide additional information or documents that the SOA or its expert consultants deem necessary to render a determination on my request for accommodation.

I certify that all of the information on this form is true and correct.

_____ _____
Signature Date

If you are unable to sign this form, please have an authorized individual sign and date it in your presence.

_____ _____
Signature Date

Authorized Individual's Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Email Address:_____

VII. Authorization to Release and Exchange Information

- I understand that my request for testing accommodations and all supporting documentation may be referred to medical, psychological or other qualified consultants retained by the Society of Actuaries (SOA) for review. I authorize such disclosure, and further consent to having such SOA consultants or representative/staff of the SOA contact the qualified professional(s) completing the verification form(s) I have submitted in support of my request for accommodation to discuss the information provided by the qualified professional and my request for testing accommodations.

- I also consent to having such SOA consultants or representative/staff of the SOA contact any testing entity or educational institution identified in my request for accommodation for the purpose of clarifying or otherwise discussing the accommodations I requested or received from such entities. Specifically, this authorization permits the qualified professional(s) who have completed the verification form(s) and those testing entities and educational institutions identified in my request for testing accommodations to release and exchange with the SOA or its retained consultants all aspects of my medical, psychological or educational history, including but not limited to psychological test records, laboratory results, mental status examinations, symptom reviews, life history, current and past substance abuse, and medical treatment, as pertains to my request for testing accommodations.

I further understand that the exchange of information may occur via regular or special delivery mail, electronic mail, facsimile transmission and/or telephone. The confidentiality of information disclosed pursuant to this authorization is protected by Federal and State law. Further disclosure without specific written consent is prohibited. Regarding drug and alcohol abuses, Federal law (42 CFR Part 2) prohibits further disclosure of information without specific written consent. A general authorization for the release of medical or other information is not sufficient for this purpose. Any unauthorized disclosure is punishable by not more than $500 for the first offense and not more than $5000 for each subsequent offense.

Confidential information may only be disclosed without the informed written consent of a candidate when the disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the candidate on himself/herself or on another person, under certain other circumstances that require the reporting of information according to applicable laws (e.g., child endangerment).

This authorization will expire 180 days from the date of signature and may be withdrawn at any time by writing the SOA. A photocopy of the foregoing authorization shall be as valid as an original.

Candidate Name: _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Email Address:_____

_____ _____

Candidate Signature Date