

REMOTE TESTING APPLICATION

SECTION I: APPLICANT INFORMATION

NAME: CFP BOARD ID: EXAM WINDOW: APPLICATION DATE:

SECTION II: ELIGIBILITY CRITERIA FOR REMOTE TESTING

Select at least one of the eligibility criteria that qualifies you for remote testing.

 I live more than 60 miles from the closest Prometric Test Center.ADDRESS: CLOSEST PROMETRIC TEST CENTER(S): **I have a medical condition or physical limitation that requires remote testing.**

SECTION III: RATIONALE

Provide a rationale for requesting a remote exam:

SECTION IV: CONFIRMATION

 I hereby confirm the following (please check the box to attest):

- All of the information provided in this remote testing application form is accurate.
- I have completed the Remote Exam [System Readiness Check](#).
- I have a suitable location and equipment to take my remote exam, in line with the specifications in the [ProProctor User Guide](#).
- I understand that I will not be permitted to use physical scratch paper during a remote exam. Instead, I may only use the on-screen scratchpad.
- I understand that I will be monitored at all times during the exam to ensure strict adherence to exam security measures.
- I have reviewed and agree to abide by the [Remote Testing Policy](#).

Personal information provided on this form will be treated according to [CFP Board's Privacy Policy](#). Please note that if the information is found to be false, your exam result could be invalidated.

Email completed application form to examinations@cfpboard.org.