

1425 K St NW #800 Washington, DC 20005 | 202-379-2225 | f 202-379-2299 | CFP.net | examinations@cfpboard.org

CFP[®] CERTIFICATION EXAMINATION: TESTING ACCOMMODATIONS - SECOND REVIEW REQUEST FORM

INSTRUCTIONS

You may request a second review of an accommodations decision if any or all of your requested accommodations were not approved. Complete the information below and sign the release statement at the end of the section.

Supporting documentation must be attached to this request form. Additional documentation should be provided if possible to support the second review – documentation must include a rationale for the need for the accommodations.

Second review requests are generally more effective if they include:

- 1. a reason for second review, and
- 2. additional documentation beyond what was included with the original request.

Please submit requests and documentation to examinations@cfpboard.org or via fax to 202-379-2299.

CFP Board is committed to providing reasonable accommodations to individuals with documented disabilities who can demonstrate a need for such accommodations. To be considered an individual with a disability, as defined by the Americans with Disabilities Act Amendments Act (ADAAA), an individual must be substantially limited in a major life activity, as compared to most people in the general population. **All required documentation must be received by accommodation deadline listed on CFP Board website.**

| SECTION I: APPLICANT INFORMATION | | | |
|----------------------------------|------------------------|--|--|
| Name: | CFP Board ID: | | |
| Anticipated Exam Date: | Registration Deadline: | | |

SECTION II: AUTHORIZATION

Additional person(s) whom you permit CFP Board's Testing Accommodations Team to contact in connection with this request.

| Name: | | Relationship: | | |
|------------------------------------|-----|---------------|-------|--|
| Phone: | | Email: | | |
| Dates this authorization is valid: | | | | |
| From: | То: | | | |
| Candidate Signature: | | | Date: | |

SECTION III: REASON FOR SECOND REVIEW

Please explain your reason(s) for requesting a second review of the denied accommodation(s). You may attach an additional sheet if necessary.

Rationale:

SECTION IV: ACCOMMODATIONS REQUESTED

Provide a rationale for each accommodation you are requesting. The request will not be reviewed without a specific and complete rationale. Merely stating your diagnosis as the rationale is generally not sufficient to establish the basis for a reasonable accommodation.

Accommodation Rationale:

Accommodation Rationale:

Accommodation Rationale: