



Verification by Qualified Professional

Please print or type for legibility.

Note: This form must be completed by a qualified/licensed professional who is familiar with the candidate's disorder/condition and its current impact on a major life activity that affects the candidate's ability to perform on the SOA's examination(s) (or other similar, timed, professional licensing, certification or credentialing examinations) under standard testing conditions.

The recommendations for testing accommodations must be specific, and the qualified professional must provide a rationale based on history and objective evidence for the recommended accommodation. *Attach and sign additional sheets to complete your answers as necessary.*

This form must be submitted to the SOA with the candidate's completed [Request for Accommodation Form](#) and the required supporting documentation.

An appropriately qualified/licensed professional must complete the form for each disorder/condition for which the candidate seeks accommodations.

I. Candidate Information

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

Address: _____

City, State, ZIP Code: _____

II. Qualified/Licensed Professional (for verification purposes only)

Name: _____

Title (if applicable): _____

License/Certification
No. (if applicable) _____

Address: _____

City, State, Zip Code: _____



Telephone Number: _____ Fax Number: _____

III. Candidate's Disorder/Condition

1. State the candidate's disorder(s)/condition(s) and provide the appropriate diagnostic code(s):

2. Date of diagnosis: _____

3. Did you personally evaluate or examine the Yes No candidate?

5. If so, when did you last evaluate/examine the candidate? _____

7. Is the candidate's degree of impairment permanent or may it potentially change (improves or worsens) over time? _____

8. If the candidate has no history of prior testing accommodations, please explain in detail why no accommodations were used in the past and why accommodations are now necessary.

IV. Evaluation of Candidate's Disorder/Condition

Provide a written summary describing with specificity how and the degree to which each of the candidate's diagnosed disabilities impacts his/her ability to take the SOA's examinations under standard testing conditions.

Additionally, to the extent you are recommending additional time, your response must reference and include the objective testing data on which your recommendation for additional time is based. Please attach additional sheets as necessary. You may also



attach a separate written statement or report in lieu of entering the information on this form.

V. Recommended Accommodation(s)

- 1 The certification programs offered by the Society of Actuaries (SOA) include a series of examinations which candidates typically take over a period of several years. The examinations may differ with respect to format, structure and setting. For example, certain of the examinations are multiple choice, whereas others are written-answer examinations. Certain of the examinations are paper/pencil tests, whereas others are computer-based testing. Certain examinations may be conducted at testing centers, whereas others may be administered at individually proctored sites.

Attached hereto is a description of the particular examination for which the candidate presently is requesting accommodations.

Based on the candidate's disorder/condition and its functional impact on a major life activity that affects his/her ability to perform on the SOA's examination under standard testing conditions, what accommodation(s) do you recommend?

Please be specific in your recommendation.

- 2 All of the SOA's examinations are subject to time limitations; the SOA does not offer an untimed test. The SOA's examinations also are administered in one session without any formal break or rest period. If you recommend additional testing time or break/rest time, the amount of time must be specified.

For additional testing time, the amount should be specified as a percentage of the standard time provided (e.g., one-and-a half times the standard time, 20%

additional time).

For rest/break time, specify the number of rest/break periods recommended and the time recommended as a discrete number of minutes (e.g., one 15 minute break, two 15 minute breaks).

Additional time on multiple-choice sections: _____

Additional time on written answer sections: _____

Rest/break time: _____

- 3 For the purposes of completing this form, a qualified professional is a person who is licensed or otherwise properly credentialed and possesses expertise in the disability for which testing accommodations are sought.

Please describe your academic credentials/qualifications that allow you to make this diagnosis and recommendation for accommodations:

- 4 You must provide evidence of the candidate's disability. Such documentation, when appropriate, may include standardized test data from appropriate evaluation instruments; a comprehensive evaluation; or a relevant history.

You may also provide documentation that the candidate has a temporary disability, such as a broken bone in the candidate's dominant writing hand, which adversely impacts the candidate's ability to take the SOA's examinations under standard testing conditions.

Please attach all relevant documentation.

I certify that all of the information on this form is true and correct to the best of my knowledge and belief.

Signature

License/Certification
Number

Date