

Request for Special Exam Accommodation Form - Candidate

IFMA, in adherence to the Americans with Disabilities Act (ADA, 1990), provides reasonable and appropriate accommodations for disabled individuals who supply appropriate documentation.

An applicant may request accommodation due to disability, handicap or other reason. Candidates must complete the **Request for Special Exam Accommodation Form** and submit it, in the Credentials Application and Maintenance Program(CAMP) record of the applicant.

Medical documentation of specific needs must be submitted no more than 7 days after the request. The request must be specific as to the nature of the problem and based on testing that is not older than 4 years prior to the application.

Accommodation requests must be submitted with the CFM exam application. The applicant is responsible for demonstrating that the request should be granted. The IFMA Credentials Team will review the Request for Special Exam Accommodations and notify the candidate in writing of its determination within 3-4 business days of receipt of the medical documentation.

Candidate Information:

Name _____

Address _____

Email _____

Phone _____

What is the disability that limits one or more of your major life activities?

Will this disability require special accommodation in order for you to take the CFM exam?

Yes

No

If yes, what is the special accommodation you are requesting?

Authorization

All information in this application is complete and accurate to the best of my knowledge.

Upon request, I will provide any additional information that may be needed by IFMA to process this application.

Candidate Signature _____

Date _____