



Certification Regarding Accommodations Previously Granted by the SOA

Please print or type for maximum legibility.

I. Candidate Information

Name: _____ 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. Prior Testing Accommodations Granted by the SOA

A. List all accommodations the SOA has previously granted you:

B. Do you certify that you are currently experiencing the functional limitations caused by the disability(ies) for which the testing accommodations listed above were previously approved by the SOA?

Yes No

III. Certification and Signature

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 someone sign and date it in your presence.

Signature

Date