Verification by Qualified Professional

Please print or type for legibility.

Note: This form must be completed by a qualified/licensed professional familiar with the candidate's disorder/condition 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, current impact on one or more major life activities, and objective evidence for the recommended accommodation. *Attach and sign additional sheets to complete your answers as necessary.*

You must provide evidence of the candidate's disability. A diagnosis in most cases is not sufficient information upon which to evaluate a request for accommodations. Supporting documentation may include standardized test data from appropriate evaluation instruments; a comprehensive evaluation; symptoms of the disorder exhibited by the candidate, or a relevant history.

Documentation of a temporary disability may also be provided (ie, 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.

This form must be submitted to the SOA with the candidate's completed Request for Accommodation Form and the required supporting documentation. Please attach all relevant documentation.

An appropriately qualified/licensed professional must complete the form for each disorder/condition for which the candidate seeks accommodations. A separate Verification by Qualified Professional form must be completed by any/all professionals who have evaluated the candidate and are providing information to support the request for 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: _____

   Please provide the standardized measures used to reach this diagnosis, and results of the scales, and/or the symptoms of the disorder that the candidate exhibits. A diagnosis is not in and of itself sufficient information upon which to evaluate a request for accommodations. _____
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3. When did you first evaluate this candidate? _____
_____

4. When did you last evaluate this candidate, and how frequent are appointments?
_____
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5. Is the candidate's degree of impairment permanent or may it potentially change (improves or worsens) over time?

_____
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6. 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.

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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.

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Is the candidate currently prescribed medication? If so, what is your assessment of the candidate's response to medication (benefits, side effects, compliance, etc)?

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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, and provide the rationale that links the recommended accommodation to test taking limitations related to the disorder/condition.

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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 and rationale for the selected 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 has 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:

   _____

   _____

   _____

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