



CFRE International Request for Special Accommodations

In compliance with the Americans with Disabilities Act (ADA), CFRE International makes reasonable special testing arrangements for candidates with professionally diagnosed disabilities that are taking the Certified Fund Raising Executive (CFRE) Examination.

Under the ADA, a disability is defined as “a physical or mental impairment that substantially limits one or more major life activities.” Examples of major life activities:

- Caring for one’s self
- Performing manual tasks
- Walking
- Seeing
- Breathing
- Learning
- Working

In order to request special testing accommodations for the CFRE International certification examination, candidates must have a documented disability as defined by the ADA. Generally, English as a second language, pregnancy, computer anxiety and test anxiety are not covered disabilities under the ADA.

Persons with transitory or temporary conditions (for example, sprains, fractures, and medical emergencies) who desire accommodations should contact CFRE International as soon as possible before an exam for information about possible special testing arrangements. Special testing arrangements may include, but are not limited to, the need to bring medical devices (i.e. cane, insulin pump, sling, brace, etc.) into the testing room.

Pregnancy is not considered to be a disability. However, if the candidate is experiencing a resulting medical complication, special accommodations may be considered. While CFRE International is not required by the ADA to accommodate transitory or temporary conditions, accommodations for candidates with such conditions will be considered on a case-by-case basis.

All special accommodation forms and related documentation are confidential and will not be released without the written consent of the candidate.

Knowing What to Request

You and your health care professional should consult and agree on what accommodation(s) will best meet your testing needs. The professional should make reasonable testing accommodation recommendations based on: a professional understanding of, and familiarity with, your disability; its impact on a major life activity; and its impact on your current ability to test under CFRE International’s standard testing



conditions. Recommendations should be reasonable and appropriate for your documented disability, and should not fundamentally alter the measurement of the knowledge and skills that the examination is intended to assess.

Recommendations for accommodation and any history of accommodations are considered. However, history of accommodations does not guarantee these same accommodations on the CFRE International Examination.

Documentation Requirements

It is the responsibility of the candidate to ensure that all required forms and supporting documentation are submitted to CFRE International. A request for special testing accommodations will not be reviewed until all documentation is received.

Required documentation includes:

- A completed *Request for Special Accommodations* form. This form consists of two sections—one to be completed by the candidate, and one to be completed by the healthcare professional.
- Evaluation of the candidate's disability, to be completed by the healthcare professional. Note: The healthcare professional must be a licensed or otherwise qualified practitioner whose credentials are appropriate to diagnose and evaluate the specific disability.

Candidates requesting accommodations for learning disorders or mental disabilities must be diagnosed by a psychiatrist, psychologist, or other professional with a minimum of a Masters degree, with credentials recognized as competent to diagnose a mental disorder or learning disability.

If the candidate did not receive special accommodations during his/her years of higher education, a written explanation of why accommodations are being requested now is required. This is completed by the healthcare professional.



Request for Special Accommodations Form - Part I

Name: _____
Title: _____
Organisation: _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Country: _____
Phone: _____
Email Address: _____

*Requests for Special Accommodations **MUST** be received no later than 60 days in advance of the start of the testing window.*

Please describe your disability: _____

Date disability was diagnosed: _____

Please list any previous accommodations received:

Date of Accommodation	Type of Accommodation Received	Name of institution / Organisation Providing Accommodation

I understand that CFRE International will use the information obtained by this authorization to determine eligibility for a reasonable accommodation in regard to the CFRE International Examination, by reason of my disability. I understand that CFRE International reserves the right to make additional inquiries regarding my disability and previous accommodations before making a determination as to whether to provide the accommodations I have requested above. Under penalty of perjury, I declare that the foregoing statements, and those in any required accompanying documents or statements, are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I personally completed the above form, and that I may be asked to verify this information at any time.

Candidate Signature: _____ Date: _____

I hereby authorize and request the health care professional identified below to release the information requested by CFRE International relating to my disability and the accommodation appropriate to my disability to sit for the CFRE International examination.

Candidate Signature: _____ Date: _____



Request for Special Accommodations Form - Part II

Dear Healthcare Professional: The individual identified above is requesting accommodation to sit for the Certified Fund Raising Executive (CFRE) Certification Examination. CFRE International's policy requires that candidates requesting special testing accommodation submit current documentation of the disability from an individual qualified to assess the disability.

The individual listed above is requesting that you provide such documentation. The following must be completed by you:

- The remainder of this form (Part II)
- An evaluation, on professional letterhead, that includes the following information (*if submitting an existing report, it must have been written within the past 5 years*):
 - **Confirmation of diagnosis and functional impairment**
 - Date (month/day/year) of first consultation
 - Date (month/day/year) the individual was last seen by you
 - Diagnosis, summary history, and course of the disability
 - Individual's current functioning and limitations in *major life activities*
 - For learning disabilities or mental disorders, the DSM classification of the diagnosis (Diagnostic and Statistical Manual of Mental Disorders–IV TR). *Notes:* DSM classification does not guarantee classification as a disability under ADA, and therefore, does not guarantee accommodation by CFRE International; CFRE International will not accept a diagnosis of Learning Disorder that was made before the individual was 18 years old, if the last diagnosis date is more than 3 years old.
 - Diagnostic tests administered, scores, and interpretation of scores.
 - Confirmation of treatment
 - Name and title of the professional
 - Duration of treatment
 - Outcomes of treatment
 - Recommended Accommodation
 - The healthcare provider's *specific* recommendation for accommodation(s) that directly relates to the impairment, and is supported by functional information in the evaluation. The file is considered incomplete if this specific recommendation is not included.
 - If the individual did not receive any special accommodations during years of higher education, please provide a written explanation for why accommodation is now being requested for this examination. This should be on a separate page and attached to this form.

Healthcare Professional: Please enclose this form and supporting documentation in one envelope, and mail to: CFRE International, Attn: Special Accommodations, 4900 Seminary Road, Suite 670, Alexandria, VA 22311, USA.



Request for Special Accommodations Form - Part II (continued)

Name: _____
Title/Occupation: _____
Address: _____
City: _____ **State:** _____ **Zip/Postal Code:** _____
Country: _____
Phone: _____
Fax: _____

Are you licensed/certified in an area that allows you to diagnose the disability?

Yes No

If yes, please provide your...

Jurisdiction: _____
License/Certification Number: _____

If no, please identify the credentials that allow you to diagnose the disability:

Please read and sign the following declaration:

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. Under penalty of perjury, I declare that forgoing statements and those in any required accompanying documentation are true. I hereby certify that I personally completed Section 2 of this form, and that I may be asked to verify the above information at any time.

Signature: _____
Print Name: _____
Date: _____