

**FRM and ERP Exam Dates**

November 20, 2010

**Deadline Date**

August 31, 2010

The Global Association of Risk Professionals (GARP) provides reasonable and appropriate testing accommodations for the Financial Risk Manager (FRM®) and the Energy Risk Professional (ERP®) Examination for those who are disabled. An “accommodation” is any modification in the standard administration of either Examination.

A candidate requesting accommodations must document the existence of a physical or mental impairment which significantly limits the candidate’s ability to perform a major life function; the current impact of the impairment and how it affects the candidate’s ability to take the Examination under standard conditions; including a justification and non-biased objective of the requested accommodation.

**Returning ADA Candidates:**

If you are a returning candidate for the FRM or ERP examination and have previously submitted documentation, and it is not more than two years old, you are not required to resubmit the form again. However, upon registration, you will need to notify us via email (ADA@garp.com) of your request. **Please indicate in your subject heading: A Second Request for Special Accommodations for Americans (ADA).**

In order to download the ADA application, please [click here](#).

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**TO REQUEST AN ACCOMMODATION, YOU MUST DO THE FOLLOWING:**

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1. Register for the ERP/FRM Examination.
2. Application submission deadline:

**Deadline Date**

November 20, 2010

**FRM and ERP Exam Dates**

August 31, 2010

3. Please indicate below, which test site you have selected to sit for the examination.
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4. Please check the program you have registered for:

**FRM Exam Date**

- Part I - November 20, 2010
- Part II - November 20, 2010

**ERP Exam Date**

- November 20, 2010

5. Complete Section I and II: Candidate Information Form.

6. Complete Part I and II: Medical Verification Form.

Please have a qualified professional who is familiar with the impact of your disability and or your ability to perform on the examination of other similar timed standardized tests. Complete Part II of the same form. Please submit along with supporting documentation.

Be sure that GARP receives these documents in one package, no later than the deadlines listed above. GARP will not review your Request for Special Accommodations until both forms are completed and received. Late applications will not be considered.

7. Returning ADA Candidates: If you are a returning candidate for the FRM or ERP examination and have previously submitted documentation, and it is not more than two years old, you are not required to resubmit the form again. However upon registration, you will need to notify us via email (ADA@garp.com) of your request. **Please indicate in your subject heading: A Second Request for Special Accommodations for Americans (ADA).**

8. You will receive an email confirmation with your request. If GARP cannot grant your request for special accommodations, you will be notified no later than October 1, 2010.

9. Mail your completed application to the following:

Attn: ADA Administrator  
Global Association of Risk Professionals (GARP)  
111 Town Square Place, Suite 1215  
Jersey City, NJ 07310

Or fax: 1.201.222.5022

**Section I**

**CANDIDATE INFORMATION**

GARP ID: \_\_\_\_\_

Candidate Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**Please check the program that you have registered for:**

**FRM Exam Date**

- Part I - November 20, 2010
- Part II - November 20, 2010

**ERP Exam Date**

- November 20, 2010

What exam site have you selected: \_\_\_\_\_

Have you previously sat for the FRM Examination?  Yes  No

Have you previously sat for the ERP Examination?  Yes  No

What site did you use, when you previously sat for the examination: \_\_\_\_\_

If yes, did you request testing accommodations to take the examination?  Yes  No

If yes, briefly describe the accommodations granted to you, if any.

**Nature of Disability (check all that apply)**

- Physical Disability
- Visual Disability
- Hearing Disability
- Cognitive or Learning Disability
- Psychological Disability
- AD/HD
- Other \_\_\_\_\_

**Accommodations Requested**

*(Note: Accommodations must be appropriate to the disability and supported by documentation. Please check those that apply)*

- Scribe
- Wheelchair access
- Semi-private room/distracted reduced environment
- Additional Time
- Large Print Examination (Please indicate font size) \_\_\_\_\_
- Consumption of food and / or drink
- Assistance for visually impaired
- Other \_\_\_\_\_

**2010 CANDIDATE REQUEST FOR SPECIAL ACCOMMODATIONS FOR AMERICANS WITH DISABILITIES (ADA)**

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Please describe in detail the type of accommodations requested:

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If requesting special equipment or personal items in the testing room (e.g., medications, special chair, special lighting), please describe:

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If you are requesting additional time, please indicate the amount of time needed per session as supported by documentation. (Each session is 4 hours)

FRM Exam Part I Session: \_\_\_\_\_ FRM Exam Part II Session: \_\_\_\_\_

ERP Exam AM Session: \_\_\_\_\_ ERP Exam PM Session: \_\_\_\_\_

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**CANDIDATE ACKNOWLEDGEMENT**

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I declare that the person completing the written report is a bona fide qualified professional who has diagnosed and/or treated me for the disability for which I am seeking an accommodation.

I agree to notify GARP of any material changes in my condition. I understand that any false or misleading information I give in connection with this test may subject me to discipline in accordance with the GARP Code of Conduct, which could include the suspension or termination of my candidacy or right to use the FRM/ERP designation.

I understand that documentation submitted in support of this request may be referred to one or more qualified professionals retained to assist GARP in evaluating and/or implementing requests for accommodations. I further understand that documentation submitted must be current or updated within the last two years. If documentation is determined by GARP to be insufficient or not current, I understand that I may be required to submit additional or more current information.

I understand that I may not be granted an accommodation by GARP.

I declare that all information I have supplied in connection with this examination is truthful and complete.

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*Candidate Signature*

*Date*

**Section II**

Candidates requesting accommodation based on disability must provide an evaluation. It is important to provide professional documentation from all evaluations. Please attach all relevant documentation that documents a history of significant impairment. The evaluation must:

- Be conducted by a qualified professional who is familiar with the impact of the candidate’s disability on his or her ability to perform on the FRM/ERP Exam or other similar timed standardized tests;
- **Have been completed or updated within the last two years;**
- Provide an explanation of differential diagnosis and an evaluation of current impact of the candidate’s disability on his or her ability to perform on the FRM/ERP Exam or other similar times standardized tests;
- Provide data-based evident of significant impairment in the area for which an accommodation is requested;
- Provide evident that this diagnosis does not rely solely on self-report in establishing developmental history, current symptoms, and evidence of clinically significant impairment.

This form must be submitted along with the Request for Special Accommodations for ADA applicants.

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**PART 1—MEDICAL VERIFICATION FORM (To be completed by candidate)**

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(Please type directly onto this form or print legibly, in English only).

Candidate Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Please provide a description of your disability and the extent of its effect on your daily life activities. Use separate sheets, if necessary.

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Please describe how the condition affects your ability to take the FRM/ERP Examination, and explain why you need the accommodations requested. Use separate sheets if necessary.

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**PAST DISABILITY ACCOMMODATIONS RECEIVED**

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Did you receive formal disability accommodations in high school?  Yes  No

Please describe the disability accommodations you received (including any other disability accommodations/modifications received):

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Did you receive formal disability accommodations in college?  Yes  No

Please describe the disability accommodations you received (including any other disability accommodations/modifications received):

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If you answered “yes” to either of the above questions, please attach any records or other documentation concerning the diagnosis and the disability accommodations granted, include past professional evaluations and /or educational records.

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Have you ever taken the SATs, ACTs, GREs, CFA or other Professional/entrance-type examinations?  Yes  No

If yes, please provide a copy of all disability accommodations granted.

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Have you have ever requested disability accommodations for the SATs, ACTs, GREs, CFA or other Professional/entrance-type examinations?  Yes  No

If no, please explain. If yes, please indicate whether your request was granted and specify the accommodations granted:

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**2010 CANDIDATE REQUEST FOR SPECIAL ACCOMMODATIONS FOR AMERICANS WITH DISABILITIES (ADA)**

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Has the documentation that you are submitting been completed or updated in the last two years? *(Note: Two years is defined as two years from December 31 or the year the documentation has been completed or updated. For example, documentation completed or updated any time during 2008 would be valid through December 31, 2010.)*

Yes     No

I \_\_\_\_\_ certify that all information on this form is true and correct. *(Candidate: please print your name)*

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Candidate Signature

Date

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**PART II - MEDICAL VERIFICATION FORM (To be completed by a Physician or Qualified/Licensed Professional)**

This form must be completed by a qualified/licensed medical evaluator who is familiar with the candidate's condition and its impact on the candidate's ability to perform on the FRM/ERP Examination or other similar timed standardized tests. Please reference specific tests, clinical observations, and other objective data and attach relevant documentation.

Please type directly on this form (in English) or print legibly.

Your Full Name: \_\_\_\_\_

Your Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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**DIAGNOSIS** (Provide a diagnosis:)

Date the candidate was first diagnosed: \_\_\_\_\_ (mm/dd/year)

Date of your most recent diagnosis of the candidate's disability: \_\_\_\_\_ (mm/dd/year)

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**EVALUATION**

How does the condition or disability affect the candidate's ability to perform on the FRM/ERP?

\_\_\_\_\_  
\_\_\_\_\_

Does any objective testing you performed on the candidate that would suggest a need for accommodation:

Yes  No Please explain:

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As a result of my examination and treatment of the candidate, I have made the following findings and conclusions:

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**RECOMMENDATION**

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Please describe the testing accommodations you recommend:

- Scribe
- Wheelchair access
- Semi-private room/distraction-reduced environment
- Additional time as noted on page 4: \_\_\_\_\_
- Large print examination, please indicate what font size: \_\_\_\_\_
- Consumption of food and or drink
- Assistance for visually impaired
- Other: \_\_\_\_\_

Please explain your rationale for the requested accommodations:

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I \_\_\_\_\_ certify that all the information on this form is true and correct to the best of my knowledge and belief. I understand that this information may be reviewed by a qualified professional retained by GARP to assist in evaluating or implementing requests for testing accommodations.

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*Physician/Qualified Licensed Professional Signature*

*Date*

License/Certified Number: \_\_\_\_\_