


Policy for Accommodating Request for Students with Special Needs

Financial Planning Standards Board Ltd. owns the CFP^{CM}, CERTIFIED FINANCIAL PLANNER^{CM} and  marks outside the United States, and permits qualified individuals to use these marks to indicate that such individuals have met FPSB's initial and ongoing certification requirements. Financial Planning Standards Board India (FPSB India) is the CFP marks licensing authority in India, through agreement with FPSB Ltd.

FPSB India provides reasonable and appropriate accommodations to candidates with documented disabilities specifically on their requests in this regard. Requests for testing accommodations are inherently individualized and depending on the type and extent of disability in question, suitable accommodations are granted. Certain eligibility as laid down below need to be fulfilled and a documented request needs to be forwarded so that appropriate accommodation is duly communicated to the test administrator. The testing accommodations include, but not limited to the following:

- The candidate will need to arrange for a scribe/reader. As per the order passed by the Chief Commissioner of Persons with Disabilities (CCPD), the facility of scribe/reader should be allowed to any person who has **disability of 40% or more**, as certified by a competent medical authority of the region.
- The candidate will be allowed **45 minutes extra time** from the allotted time of 2 hours for the component exams, Exam 1 – 4.
- The candidate will be allowed **60 minutes extra time** from the allotted time of 4 hours for the CFP^{CM} certification Exam, Advanced Financial Planning (Exam 5).

Procedure for Registration for Examination: -

The candidate will first need to approach FPSB India with a written request atleast 30 days prior to your exam date. The candidate should submit to FPSB India supporting medical documentation along with Disability Certificate issued by the competent medical authority. Once such request is received, FPSB India will check and verify the credentials of the candidate. After verification, FPSB India will confirm to the Examination Partner and will impress upon them to ensure that the same is duly accommodated by the Assessment Centers (NSEit) on the appointed date and time without fail. The information communicated to the Examination Partner about the accommodation for such candidate shall conform to that requested by the candidate and duly approved by the Knowledge Management division of FPSB India. The information shall necessarily include:

- (i) Name of the candidate, NCFM number, Test Centre, Date and time slot of exam
- (ii) Name and Photo Id details of the scribe/reader, if opted
- (iii) Extra/extended time to be given to the candidate and its quantum

After receiving such request, the exam center shall issue a hall ticket along with the confirmation of special requests like scribe / reader, extra time, etc.

On the Scheduled Date of Exam:-

On the exam day, the candidate needs to carry original photo identification proof of himself and his scribe/reader, if opted. The Examination Partner and their Exam Centre shall be confirmed to have recalibrated the terminal at which the candidate would take exam so that the paper does not auto-submit after lapse of 2-hour/4-hour, or otherwise suitable provisions shall be confirmed in advance.

As per the proctor process, no irregularities shall be allowed and the Special Needs candidates shall be suitably communicated that if the scribe/reader is found entering any answer on his/her own, or entering answers different from what the candidate tells, the candidate and the scribe/reader will be disallowed immediately, and such action as suspending exam, withholding result, debarring for further exam process, etc. may be undertaken.

The prescribed **Special Needs Form** to be filled and submitted by Special Needs candidates is enclosed.

CFP^{CM} CERTIFICATION PROGRAM

Special Needs Form



FPSBI No./NCFM No.:	Module/Exam:
Name:	Date of Exam:
Email/Phone:	Exam Centre:

What is your disability/medical condition:				
Please tick the areas affected by your disability/medical condition:				
<input type="checkbox"/> Vision	<input type="checkbox"/> Learning	<input type="checkbox"/> Hearing	<input type="checkbox"/> Mobility	
<input type="checkbox"/> Any other:				

Please provide a written request which outlines:

- The nature of your disability
- Details of the specific assistance required, e.g.
 - Extra Time Scribe/Reader Both
- Details of scribe/reader, if opted
 - Name:
 - Photo ID proof (Please enclose):
 - Qualification

Complete this form alongwith supporting medical documentation and scribe details, if any, and send to us **30 days prior to your exam date.**

DECLARATION	
<input type="checkbox"/> I hereby declare that the statements made in this application are complete and true.	
Candidate Signature:	Date:

Please send your completed form to:

Financial Planning Standards Board India.

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