



# SPECIAL ACCOMMODATIONS VERIFICATION REQUEST FORM

**NMLS is committed to complying with the provisions of the Americans with Disabilities Act (ADA). Reasonable testing accommodations with modifications and aids will be provided to candidates with documented disabilities.**

A Licensed or otherwise Qualified Professional whose credentials are appropriate to diagnose and evaluate the candidate's physical or learning disability and make recommendations for appropriate test accommodations must complete this form. The professional must have treated and/or diagnosed the candidate within the last five (5) years and have knowledge of the candidate's current level of function. Attach additional sheets as needed. A copy of the documentation, dated within the last five (5) years (e.g., educational assessment, psychological report) that provides diagnostic/clinical data (e.g., scores from educational testing) confirming the diagnosis, and the need for the testing accommodation must be enclosed with this form for all learning disabilities. If the last examination and/or report is over five (5) years old, please contact the NMLS Accommodations Team for additional guidance.

## **I: LICENSED/QUALIFIED PROFESSIONAL INFORMATION (To be completed by licensed or qualified professional)**

Licensed/Qualified Professional's Name: \_\_\_\_\_

Title: \_\_\_\_\_ License #: \_\_\_\_\_

License Granting Authority: \_\_\_\_\_

Institution/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Daytime Telephone: ( ) \_\_\_\_\_

## **II: CANDIDATE DISABILITY STATUS (Check all that apply)**

Physical \_\_\_\_\_ Learning \_\_\_\_\_ Hearing Impaired \_\_\_\_\_ Vision Impaired \_\_\_\_\_

Other (Specify): \_\_\_\_\_

## **III: DIAGNOSIS AND TREATMENT INFORMATION**

A. Specified Diagnosis: \_\_\_\_\_

Please note: If this is a specific learning disability, learning-related or psychological disability, please provide identification of the DSM-V or the most current version of the DSM diagnosis. An individual self assessment is not acceptable. **(Enclose copy of psychological or educational assessment report.)**

- B. Describe the manner in which this disability impairs major life activity/functioning:
- C. Last date of your treatment or consultation with the candidate:
- D. Identify the aspect(s) of the candidate's functioning which requires testing accommodations, and the effect of the disability on the candidate's functioning under standard testing conditions:
- E. If the candidate has a specific learning or psychological disability, identify the specific assessments (e.g., standardized psychological/educational tests) used to identify and confirm the diagnosis. **(You must enclose copies of these test results/evaluations/educational or psychological reports with this form or the request will not be considered.)**
- F. Please describe your qualifications/credentials and professional relationship with this candidate which facilitates making these recommendations for the candidate:
- G. Based on your knowledge of this candidate's disability and current functioning, which of the following accommodations are recommended? (Check all that apply).

Paper & Pencil (Non-computerized) Exam ^ \_\_\_\_\_ Extra Time\*\* \_\_\_\_\_ Minutes  
 Reader/Recorder^ \_\_\_\_\_ Other: Please specify \_\_\_\_\_

**^ Upon contacting the testing vendor, please be advised that they require 10 business days to prepare for appointments scheduled with these accommodations.  
 Please allow 5 business days after testing for your paper exam to be scored and posted to your record.**

**\* The standard testing time for the National Test is 190 minutes. If extra time is selected, the specific amount of extra time requested is required.**

I certify that the information provided by me on this form is true and correct to the best of my knowledge.

Professional's Signature: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, the Mortgage Loan Originator candidate, certify that all the information on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** All forms and supporting documentation may be:  
Faxed to: NMLS - Accommodations at 301-216-3719 or  
Emailed to: NMLS\_SArequest@Statemortgageregistry.com

**If mailed, forms and documentation should be sent to the following address:**  
NMLS – Accommodations  
9509 Key West Avenue, 3rd Floor  
Rockville, MD 20850

\*\*All reasonable efforts will be made to render a decision on accommodation requests within 5 business days. \*\*