

# Supplemental Information for the Oregon State Bar Exam "Bar exam"

## **Time Modifications must be presented as percentages of time rather than actual time:**

A standard UBE exam consists of four three-hour sessions spread across two days. In order for an accommodation to be applicable to both a standard UBE exam applicants must present their additional time requests as a percentage of the standard time, rather than the actual time requested. For example, if an applicant would normally receive standard time plus 50%, they would request "Standard time, Plus 50%" rather than 4 hours and 30 minutes for each standard three-hour session. Requests for breaks must be expressed in minutes, but the timing of those breaks must be expressed in percentages. For example, a request for a five minute break every 45-minutes under standard in-person conditions should be changed to "a five-minute break after completion of 25% of each exam session."

## **Breaks are automatically included in accommodations for additional time:**

Please keep in mind that all additional time accommodation awards include taking restroom and stretch breaks as needed. No additional "off-the-clock" time is added to the exam session, but there is no need to request that you be allowed to take restroom or stretching breaks.

## **Medicine and Necessary Medical Equipment do not normally require accommodations:**

No accommodations are necessary to bring medicines into the exam environment. Medical equipment only requires accommodations if the equipment is noisy or excessively bulky because these attributes may disturb fellow exam takers. Medical equipment that will affect seat assignments (example: wheelchair) can be addressed as an administrative accommodation.

## **How to Submit your Accommodation Request:**

This completed request packet must be scanned or saved as a separate document from the bar exam application and the electronic document must be named using the following naming nomenclature: [Last Name], [First Name] - Testing Accommodation Request. Your testing accommodation request form must then be uploaded into your applicant portal. **IMPORTANT NOTICE:** For an accommodation request to be considered, it must be submitted concurrently with, or subsequent to the submission of, a completed exam application, together with full payment of the correct application fee.

## **Filing Deadline**

Requests for accommodations will be considered after receipt of all information. Doc1: Applicant Request for Test Accommodations must be submitted with this application.

Applicants with disabilities are subject to the same application deadline as individuals without disabilities. Because some of the accommodation request forms require input from third parties, the appropriate individuals should be asked to complete the forms well in advance of the deadline.

A timely request for test accommodations must be received no later than the late filing deadline found

online here: [www.osbar.org/admissions](http://www.osbar.org/admissions).

Incomplete or untimely requests will be rejected except where: (a) disability occurs after the application filing deadline; or (b) the accommodation request does not cause an undue hardship on the Board or the Oregon State Bar.

### **Retake Applicants**

Applicants who retake the examination must submit Doc 1: Applicant Request for Test Accommodations each time they apply for the bar examination, even if they previously requested and were granted the same accommodations in Oregon. It is not necessary to resubmit supporting documentation that was submitted with a previous request, provided the applicant sat for the Oregon Bar Examination within the preceding three years and (1) is requesting the same accommodations that were received previously on the Oregon Bar Examination; (2) has had no material changes in condition; (3) the certification submitted in support of past accommodation request is still “current” (typically from within the last three years). New supporting documentation (Doc 4) is required if there is any change in the accommodations requested. An update to prior medical documentation is required assessing the applicant’s current functional limitations and ongoing need for accommodations if the nature of the applicant’s disability or disabilities is changeable. The Board of Bar Examiners reserves the right to request an update to prior documentation in all cases if it determines that the prior documentation is insufficient to establish the applicant’s current level of impairment and need for accommodations.

### **How to Submit your Accommodation Request:**

Please carefully review the information below to ensure that you submit a complete request. All required forms and documentation must be submitted together by the deadline. **IMPORTANT NOTE: Some of the forms that must be submitted with your request must be completed by third parties and returned to you for submission to the Board of Bar Examiners.** Make certain that you request completion of these forms by the third parties in a timely manner so that you are able to submit your request by the deadline.

**STEP 1: Gather verifying documentation of your history of accommodations requests, if any.** Submit the Law School Verification Form completed by each educational institution or testing agency (hereinafter

“entity”) from which you requested accommodations, whether your request was granted or denied. Complete the top portion of the form and request that the entity complete the rest of the form and return it to you for submission to the [BAA]. Alternatively, you may provide other proof of your accommodations history, such as a copy of the letter(s) you received from the entity notifying you of the specific accommodations granted or denied. The proof should identify the time frame (e.g., third year of law school) and the nature of the disability (e.g., AD/HD) for which any

accommodations were granted or denied. If you received accommodations as a result of an Individualized Education Plan (IEP) or a 504 Plan, please provide copies.

**STEP 2: Obtain a certification from a qualified professional.** If you have not previously received accommodations or you are requesting an additional or increased accommodation than what you previously received, you will need to use Doc 4 for that purpose. If you are submitting proof of having previously received the same accommodation the certification may be in the form of a letter from the qualified professional attached to Doc 1. (More information is included in section IV of Doc 1.

**STEP 3: Complete and sign Doc 1: Applicant Request for Test Accommodations.** Attach all relevant forms and documents, as indicated above, so that all required documentation is provided in one submission. You must submit 'Doc-1 Request for Testing Accommodations' with your application.

Requests for test accommodations and supporting documentation may be submitted to the Board of Bar Examiners at 16037 SW Upper Boones Ferry Rd., PO Box 231935, Tigard, OR 97281-1935.

# I. TEST ACCOMMODATIONS INFORMATION SHEET

## **GUIDELINES:**

The Oregon Board of Bar Examiners encourages persons with disabilities to apply for test accommodations. Reasonable test accommodations will be made on the Oregon Bar Examination for qualified applicants with disabilities. The Oregon Bar Examination is a two-day timed examination designed to test the knowledge and skills necessary for one who seeks admission to the Oregon State Bar.

It is the policy of the Board of Bar Examiners to administer the bar examination and all other services of this office in accordance with the Americans with Disabilities Act Amendment Act (ADAAA). A qualified applicant with a disability who is otherwise eligible to take the bar examination, but whose impairment limits his/her ability to demonstrate under standard testing conditions that he/she possesses the knowledge and skills to be admitted to the Oregon State Bar, may request reasonable test accommodations.

The Board of Bar Examiners will make reasonable modifications to any policies, practices, and procedures that might otherwise deny equal access to individuals with disabilities, provided such modifications do not result in a fundamental alteration in the examination or other admission requirements, undue burden on the Board of Bar Examiners, or compromise of the validity or reliability of the examination. In order to accommodate disabled persons, The Board of Bar Examiners will furnish additional time, auxiliary aids, and other accommodations when necessary to ameliorate the impact of the applicant's disability on the applicant's ability to take the bar examination. The determination of testing accommodations is an individualized inquiry and will be made on a case-by-case basis. No additional charges will be assessed to individuals with disabilities to cover the costs of reasonable accommodations.

Requests for test accommodations will be evaluated on a case-by-case basis. The applicant must submit documentation from one or more qualified professionals certifying the disability and the need for the requested accommodation. In addition, the applicant must submit verifying documentation of his or her history of accommodations, if any. If the applicant is requesting accommodations not previously received, they must also submit Doc4, which provides additional information from the qualified professional. All documentation will be retained by the Board of Bar Examiners and may be submitted to one or more qualified professionals for an impartial review. Accommodations granted elsewhere do not necessarily entitle an applicant to accommodations on the bar examination, although the Board gives considerable weight to documentation relating to past accommodations received in similar testing situations or in response to an IEP or Section 504 plan.

## **DEFINITIONS**

1. *"Disability" means a disability as the term is defined under the Americans with Disabilities Act of 1990 (42 USC § 12101 et seq.) (ADA), amendments to the act, applicable regulations and case law. "Disability" may apply even if only one major life activity is impaired and even if that impairment is episodic or in remission but otherwise meets the statutory definition when it is active. "Disability" shall be construed in favor of broad coverage of individuals.*
2. *"Qualified professional" means a health professional who is licensed or otherwise properly*

*credentialed and possesses expertise in the disability for which modifications or accommodations are sought. Professionals who may possess the appropriate credentials and expertise include, but are not limited to, doctors (including psychiatrists), psychologists, nurses, physical therapists, occupational therapists, speech therapists, vocational rehabilitation specialists, school counselors, and licensed mental health professionals.*

**DESCRIPTION OF THE EXAMINATION**

The Oregon Bar Examination is administered over two-days in a quiet environment, and the applicants are allowed to use small foam earplugs provided by the Board of Bar Examiners. Applicants are also allowed to have unwrapped food and a clear container of water. No items other than those included in the Board of Bar Examiner’s test instructions may be brought into the testing room unless approved as test accommodations. The chart below provides a description of the standard testing schedule.

Standard Testing Schedule

Tuesday Schedule

Essay Questions 1 – 6..... Three Hours

Lunch Break – 1 Hour and 30 Minutes

MPT 1 and MPT 2 ..... Three Hours

Wednesday Schedule

AM Session of the MBE... ..Three Hours

Lunch Break - 1 Hour and 30 Minutes

PM Session of the MBE..... Three Hours

# **DOC 1 - APPLICANT REQUEST FOR TESTING ACCOMMODATION(S)**

**NOTICE TO APPLICANT:** This form is part of your request for testing accommodation(s) on the Oregon Bar examination. This form, and all other applicable forms and required documentation, must be completed and postmarked or received by the Board of Bar Examiners on or before the timely filing deadline of the exam an applicant wishes to take. Every question must be answered. Enter "N/A" if not applicable. See General Information and Instructions for accommodation requests, found here:

Full name:

Date of birth:

## **I. YOUR DISABILITY STATUS**

Check the disability or disabilities for which you are requesting accommodation(s):

- ☐ Visual Impairment
- ☐ Hearing Impairment
- ☐ Specific Learning Disability
- ☐ Attention-Deficit/Hyperactivity Disorder (ADHD)
- ☐ Other Psychological/Psychiatric Disability (please describe):
- ☐ Other Impairment/Disability (please describe):

## **II. ACCOMMODATION(S) REQUESTED FOR THE OREGON BAR EXAMINATION:**

Check all that apply:

- ☐ Formats:
  - ☐ Braille version of the examination
  - ☐ Audio version of the examination
- ☐ Large print, 18-point font
- ☐ Large print, 24-point font

- ☐ Assistance:
- ☐ Reader
  - ☐ Typist/Transcriber
  - ☐ Sign language interpreter

- ☐ Extra testing time:

Test Portion	Standard Time	Extra Time Requested	
MPT/Performance (2 MPTs in session)	3 hours	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%
		<input type="checkbox"/> 75%	<input type="checkbox"/> 200%
		<input type="checkbox"/> Other (specify):	
Essays (6 essays in each session)	3 hours	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%
		<input type="checkbox"/> 75%	<input type="checkbox"/> 200%
		<input type="checkbox"/> Other (specify):	
MBE/Multiple Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 25%	<input type="checkbox"/> 50%
		<input type="checkbox"/> 75%	<input type="checkbox"/> 200%
		<input type="checkbox"/> Other (specify):	

- ☐ Extra breaks. Specify how long and how often breaks are requested:

- ☐ Other (elevated table, lamp, medication, limited testing time per day, private/semi-private room, etc.). Specify:

- ☐ I have a medical or physical condition (disabling or not) that requires one or more of the following enumerated accommodations (in which case, you need only submit documentation from a medical professional supporting the request; completion of Section III is not required in such instances). Check all that apply:

- ☐ *Access to medical equipment or a mobile device containing medical technology.*

- ☐ *Being seated close to a restroom, speaker, or clock.*
- ☐ *Private room to express milk for an applicant's child 18 months of age or younger.*

### **III. PRIOR ACCOMMODATION(S) RECEIVED ON OTHER STANDARDIZED EXAMS OR HIGH-STAKES TESTS:**

1. Did you receive testing accommodation(s) in law school? Y/N

- ☐ Yes
- ☐ No

If no, skip to Section III, Question 2.

If yes:

- a. Complete and attach the "Law School Verification Form."
- b. What accommodation(s) did you receive for your disability?
- c. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received in law school?

- ☐ Yes
- ☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the "Initial or Modified ADA Accommodation Request Form" and proceed to the next question.

2. Did you receive testing accommodation(s) for another jurisdiction's bar examination?  
Y/N

- ☐ Yes
- ☐ No

If no, skip to Section III, Question 3.

If yes:

- a. Complete and attach the "Statement of Jurisdiction Form."
- b. What accommodation(s) did you receive for your disability?



- c. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received on another jurisdiction's bar examination?

- ☐ Yes  
☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the "Initial or Modified ADA Accommodation Request Form" and proceed to the next question.

3. Did you receive testing accommodation(s) on the LSAT? Y/N

- ☐ Yes  
☐ No

If no, skip to Section III, Question 4.

If yes:

- a. Attach a copy of the letter you received from LSAC detailing the results of your request(s) for accommodations for each administration of the LSAT you took.
- b. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received on the LSAT?

- ☐ Yes  
☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the "Initial or Modified ADA Accommodation Request Form" and proceed to the next question.

4. Did you receive testing accommodation(s) on the MPRE? Y/N

- ☐ Yes  
☐ No

If no, skip to Section III, Question 5.

If yes:

- a. Attach a copy of the letter you received from MPRE detailing the results of your request(s) for accommodations for each administration of the MPRE you took.

- b. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received on the MPRE?

- ☐ Yes  
☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the “Initial or Modified ADA Accommodation Request Form” and proceed to the next question.

5. Did you receive testing accommodation(s) under an Individualized Education Program (IEP) or a Section 504 Plan? Y/N

- ☐ Yes  
☐ No

If no, skip to Section III, Question 6.

If yes:

- a. Attach documentation of the testing accommodation(s) received in your most recent IEP or Section 504 Plan.
- b. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received in your most recent IEP or Section 504 Plan?

- ☐ Yes  
☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the “Initial or Modified ADA Accommodation Request Form.”

6. Did you receive testing accommodation(s) for any other standardized exam or high-stakes testing (e.g., ACT, SAT, GRE, MCAT)?

- ☐ Yes  
☐ No

If no, complete and attach the “Initial or Modified ADA Accommodation Request Form.”

If yes:

- a. Attach documentation of the testing accommodation(s) you received.

- b. Are you requesting the same accommodation(s) for the Oregon Bar examination as you received on your other standardized exam or high-stakes testing?

- ☐ Yes  
☐ No

If no, and you are requesting a new or greater accommodation (more testing time, longer breaks, etc.), complete and attach the “Initial or Modified ADA Accommodation Request Form.”

#### **IV. CERTIFICATION BY A QUALIFIED PROFESSIONAL**

If you are requesting the same testing accommodation(s) that you previously received on a similar standardized exam or high-stakes test, you must attach to this form a current (generally within the last 3 years) certification by a qualified professional of the need for the requested testing accommodation(s) due to disability. The certification must specify the accommodations needed and must be based on careful consideration of the applicant by the qualified professional, using methods that are both broadly accepted and recognized within that professional’s discipline and expertise and have demonstrated reliability and validity for determining an applicant’s relevant capacities and limitations.

A “qualified professional” means a health professional who is licensed or otherwise properly credentialed and possesses expertise in the disability for which modifications or accommodations are sought. Professionals who may possess the appropriate credentials and expertise include, but are not limited to, doctors (including psychiatrists), psychologists, nurses, physical therapists, occupational therapists, speech therapists, vocational rehabilitation specialists, school counselors, and licensed mental health professionals.

If you are requesting a new or additional accommodation, you must complete Doc 4, which will serve in lieu of a separate certification letter.

#### **V. YOUR CERTIFICATION THAT THE INFORMATION IN SECTIONS I THROUGH IV IS TRUE AND COMPLETE**

*Initial each of the following statements:*

\_\_\_\_\_ The information I have provided in support of my request for test accommodations is true and correct. I understand that false statements made herein could result in denial of my admission to practice law in Oregon on character and fitness grounds.

\_\_\_\_\_ I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to a qualified specialist retained by the Board of Bar Examiners, and I authorize such disclosure.

\_\_\_\_\_ I understand that all documentation specified as being required in this application for test accommodations is an integral part of my request for admission to the bar.

\_\_\_\_\_ I acknowledge that the Board of Bar Examiners may not be able to make adequate determination on my request for test accommodations unless I have provided all necessary documentation.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date signed

If you are unable to sign this form, please have someone sign and date in your presence.

\_\_\_\_\_  
Signature of individual signing on behalf of the applicant

\_\_\_\_\_  
Date signed

**This form must be completed and submitted by all applicants who received an accommodation in law school.**

## **DOC 2 - LAW SCHOOL VERIFICATION FORM**

**NOTICE TO APPLICANT:** This form is to be completed by the law school official responsible for authorizing test accommodations. Please read and sign the following before submitting this form to the law school for completion:

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

Date of birth: \_\_\_\_\_

Law School: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

I give permission to release the information requested on this form and request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

---

**NOTICE TO LAW SCHOOL OFFICIAL:** Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Board of Bar Examiners for consideration of the applicant's request for test accommodations.

The applicant named above, who is or was in attendance at this law school, reports he/she was granted accommodations. Please verify on the following page the accommodations granted.

## **TEST ACCOMMODATIONS GRANTED**

Please check all that apply or attach a copy of the accommodations letter sent to the applicant describing the accommodations that were granted.

**Formats:**

- ☐ Braille  
☐ Audio  
☐ Large print

**Assistance:**

- ☐ Reader  
☐ Typist/Transcriber  
☐ Sign language interpreter

- ☐ Extra testing time. How much extra testing time was granted? Please state as a percentage (e.g., 50% additional time) or as extra minutes per hour.

\_\_\_\_\_

What percentage of extra time granted was used? \_\_\_\_\_

- ☐ Extra breaks. How long and how often were the extra breaks?

- ☐ Other arrangements granted (e.g., elevated table, lamp, seat near restroom, etc.).

\_\_\_\_\_

**I certify that the information supplied on this form is true and correct based on the information retained in the files of the law school.**

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number

## DOC 3 - STATEMENT OF JURISDICTION FORM

**NOTICE TO APPLICANT:** This form is to be completed by the jurisdiction official responsible for authorizing test accommodations. Please read and sign the following before submitting this form to the jurisdiction for completion:

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

Date of birth: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Examination date(s): \_\_\_\_\_

I give permission to release the information requested on this form and request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

---

**NOTICE TO JURISDICTION OFFICIAL:** Legibly print or type your responses to the items below. Return the completed form to the applicant for submission to the Board of Bar Examiners for consideration of the applicant's request for test accommodations.

(This form should be completed for each jurisdiction in which you applied for admission, regardless of whether you sought or were awarded accommodations from the jurisdiction. All completed forms should be submitted with Accommodation Request Packet.)

### **I. TEST ACCOMMODATIONS GRANTED**

Please check all that apply or attach a copy of the accommodations letter sent to the applicant describing the accommodations that were granted.

Formats:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Braille

Audio

Large Print

Assistance:

- ☐ Reader  
☐ Typist/Transcriber  
☐ Sign language interpreter

☐ Extra testing time. How much extra testing time was granted? Please state as a percentage (e.g., 50% additional time) or as extra minutes per hour.

☐ MEE/Essay: \_\_\_\_\_

☐ MPT/Performance: \_\_\_\_\_

☐ MBE: \_\_\_\_\_

☐ Other (state multiple choice, etc.): \_\_\_\_\_

☐ Extra breaks. How long and how often were the extra breaks?

☐ Other arrangements granted (e.g. elevated table, seat near restroom, etc.).

If the applicant was granted test accommodations, did the applicant receive the same test accommodations for each administration of the bar examination ☐ yes ☐ no

**If no**, and the applicant received different accommodations on different administrations of the examination, please describe.

---

---



## **II. TEST ACCOMMODATIONS REQUESTED**

1. Was the applicant ever denied test accommodations on the bar examination, whether test accommodations ultimately were provided or not? ☐ yes ☐ no  
If yes, attach a copy of each letter or notice sent to the applicant describing the accommodations denied and the reasons for the denial.
2. Did the applicant request test accommodations for every administration of the bar examination for which he/she applied? ☐ yes ☐ no  
If no, list the dates of each administration for which he/she did not request accommodations.

---

---

**I certify that the information supplied on this form is true and correct.**

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number

*This form is required for applicants who:*

*(1) Did not previously receive a disability accommodation in law school, college, secondary or primary school, on a bar examination in another jurisdiction, or on other standardized exams or high-stakes testing (e.g., LSAT, SAT, GRE), or*

*(2) Are requesting a new or greater accommodation (more testing time, longer breaks, etc.) than was provided in previous accommodations*

## **DOC 4 - Initial or Modified ADA Accommodation Request Form**

.

**NOTICE TO APPLICANT:** This form is to be completed by each qualified professional who has been involved in the evaluation or treatment of your disability or disabilities in the past 3 years. Please complete and sign this section before submitting the form to your evaluating/treating professional:

Full Name:

Date of birth:

Date(s) of evaluation/treatment:

I give permission to my evaluating or treating professional referenced below to release the information requested on this form, and I request the release of any additional information regarding my disability or accommodations previously granted as may be requested by the Oregon Board of Bar Examiners or the consultant(s) of the Board.

Signature:

Date:

## **NOTICE TO EVALUATING/TREATING PROFESSIONAL:**

The above-named applicant requests accommodation for a disability<sup>1</sup> when taking the Oregon Bar Examination. In order to assess that request, the Board of Bar Examiners requires current (generally within the last 3 years) documentation of the condition or impairment, and the need for accommodation, based on careful consideration of the applicant by a qualified professional.

You have been named as a qualified professional who has been involved in the evaluation or treatment of the applicant. Qualified professionals are licensed or otherwise properly credentialed and possess expertise in the disability for which modifications or accommodations are sought.

After you complete this form, please return it to the applicant for submission to the Board for consideration of the applicant's request for test accommodations.

This information may be forwarded by the Board of Bar Examiners to one or more other qualified specialists for the purpose of independently evaluating the applicant's request.

Please legibly print or type your responses to the items below.

### **I. EVALUATING/TREATING PROFESSIONAL INFORMATION:**

Name of professional completing this form:

Address:

---

<sup>1</sup> Under the Americans with Disabilities Act (ADA), an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (such as the neurological, endocrine, or digestive system). The determination of whether an individual has a disability generally should not demand extensive analysis and must be made without regard to any positive effects of measures such as medication, medical supplies or equipment, low-vision devices (other than ordinary eyeglasses or contact lenses), prosthetics, hearing aids and cochlear implants, or mobility devices. However, negative effects, such as side effects of medication or burdens associated with following a particular treatment regimen, may be considered when determining whether an individual's impairment substantially limits a major life activity. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

A substantial limitation of a major life activity may be based on the extent to which the impairment affects the condition, manner, or duration in which the individual performs the major life activity. To be "substantially limited" in a major life activity does not require that the person be unable to perform the activity. In determining whether an individual is substantially limited in a major life activity, it may be useful to consider, when compared to most people in the general population, the conditions under which the individual performs the activity or the manner in which the activity is performed. It may also be useful to consider the length of time an individual can perform a major life activity or the length of time it takes an individual to perform a major life activity, as compared to most people in the general population.

Telephone:

Fax:

E-mail:

Profession:

License/Certification number/State:

Specialty:

Describe your qualifications and experience to diagnose and/or verify the applicant's disability and to recommend accommodations:

## **II. DISABILITY VERIFICATION:**

To be entitled to accommodation based on a disability, the applicant must provide documentation, at the applicant's expense, that (1) the applicant has a disability and (2) the disability results in functional limitations that require accommodation in order for the applicant to take the examination on an equal basis with other test takers.

Please describe the applicant's disabling medical/psychological condition and how it substantially limits a major life activity:

Please describe the bases for your opinion, including objective evidence used to diagnose the disability (e.g., test results; previous medical records; objective collateral information, including observations by educators or family members; results of psycho-educational or other professional evaluations) which you considered in addition to the applicant's self-report:

Please describe the effect of the disability on the applicant's ability to take the examination under regular testing conditions:

Please indicate below what accommodation(s) you are recommending on behalf of the applicant. For each recommended accommodation, please describe the **rationale** for the recommendation (i.e., *how it best ensures that, when the examination is administered to the applicant, the examination results accurately reflect the applicant's aptitude or achievement level, rather than reflecting the applicant's impairment*):

☐ Formats:

☐ Braille version of the examination

☐ Audio version of the examination

☐ Large print, 18-point font

☐ Large print, 24-point font

Rationale:

☐ Assistance:

☐ Reader

☐ Typist/Transcriber

☐ Sign language interpreter

Rationale:

☐ Extra testing time:

Test Portion	Standard Time	Extra Time Requested	
MPT/Performance (2 MPTs in session)	3 hours	<input type="checkbox"/> 10%	<input type="checkbox"/> 25%
		<input type="checkbox"/> 20%	<input type="checkbox"/> 50%
		<input type="checkbox"/> Other (specify):	
Essays (6 essays in each session)	3 hours	<input type="checkbox"/> 10%	<input type="checkbox"/> 25%
		<input type="checkbox"/> 20%	<input type="checkbox"/> 50%
		<input type="checkbox"/> Other (specify):	
MBE/Multiple Choice	3 hours AM 3 hours PM	<input type="checkbox"/> 10%	<input type="checkbox"/> 25%
		<input type="checkbox"/> 20%	<input type="checkbox"/> 50%
		<input type="checkbox"/> Other (specify):	

Rationale:

☐ Extra breaks. Specify how long and how often breaks are requested:

Rationale:

☐ Other (elevated table, lamp, medication, limited testing time per day, private/semi-private room, etc.). Specify:

Rationale:

I certify that all the information on this form is true and correct.

\_\_\_\_\_  
Qualified professional's signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime telephone number