

# Form D – ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) VERIFICATION

## HEALTHCARE PROFESSIONAL FORM

### I. Qualifications of the Licensed Healthcare Professional

Petition for Non-Standard Testing Accommodations for \_\_\_\_\_ (Applicant)

Licensed healthcare professional \_\_\_\_\_  
 Street \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone number \_\_\_\_\_ Fax number \_\_\_\_\_  
 Occupation/Specialty \_\_\_\_\_ / \_\_\_\_\_  
 License/Certification number \_\_\_\_\_  
 Name of licensing entity \_\_\_\_\_

### NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form D – Attention Deficit Hyperactivity Disorder (ADHD) Verification) is also available on the Virginia Board of Bar Examiners' website ([barexam.virginia.gov/bar/barnstforms.html](http://barexam.virginia.gov/bar/barnstforms.html)). Legibly print or type your responses. Return this completed form to the Applicant for submission to the Board for consideration of the Applicant's request for test accommodations.

Following is the Board's policy for determining whether to grant test accommodations on the Virginia Bar Examination:

*In deciding the merits of Petitions for Non-Standard Testing Accommodations, the Board relies upon the definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA), and as interpreted by controlling case law.*

*A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." An applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.*

*The negative effects of corrective and mitigating measures, such as side effects of medication or burdens associated with following a particular treatment regimen, may be considered when determining whether an applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, by the body's own systems.*

*Merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify an applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADAAA, an applicant must further show that the limitation on the major life activity is "substantial."*

*The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.*

*Return the completed form to the Applicant for submission to the Board for consideration of the Applicant's request for test accommodations.*

Is the Applicant's claimed disability within your field of expertise? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe the credentials which qualify you to diagnose and/or verify the Applicant's disability.

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Please describe the training you have had in the area of making recommendations for specific time accommodations on licensing examinations such as the Virginia Bar Examination.

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**II. Diagnostic Information Concerning the Applicant**

The diagnostic criteria as specified in the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-V) are used as the basic guidelines for determination of an Attention Deficit Hyperactivity Disorder (ADHD) diagnosis. An Applicant warranting an ADHD diagnosis must meet basic DSM-V criteria including:

- Sufficient number of symptoms (delineated in DSM-V) of inattention and/or hyperactivity-impulsivity that have been persistent and that have been "maladaptive." The exact symptoms should be described in detail.
- Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity were present during childhood.
- Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity are present in two or more settings. There must be clear evidence that the symptoms interfere with or reduce the quality of academic functioning. However, there must also be evidence that these problems are not confined to the academic setting.
- A determination that the symptoms of ADHD do not occur exclusively during the course of a schizophrenia or other psychotic disorder and are not better accounted for by another mental disorder.
- Indication of the specific ADHD diagnostic subtype: Combined Presentation, Predominantly Hyperactive-Impulsive Presentation, Predominantly Inattentive Presentation, Other Specified or Unspecified.

DSM-V criteria are used to provide a basic guideline for an ADHD diagnosis. This diagnosis depends on objective evidence of ADHD symptoms across the Applicant's development, which interfere with, or reduce the quality of, the Applicant's social, academic, or occupational functioning. The Applicant's self-report alone is generally deemed insufficient to establish evidence for ADHD.

ADHD evaluation is primarily based on in-depth history consistent with a chronic and pervasive history of ADHD symptoms beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of the Applicant's relevant background, including family, academic, social, vocational, medical, and psychiatric history. There should be a focus on how ADHD symptoms have been manifested across various settings over time, how the Applicant has coped with the problems, and what success the Applicant has had in coping efforts. There should be a clear attempt to rule out a variety of other potential explanations for the Applicant's self-reported ADHD difficulties.

Provide a comprehensive evaluation that addresses all five points above and specify the severity level of the Applicant's ADHD as mild, moderate, or severe.

- 1. Provide the date the Applicant was first diagnosed with ADHD. \_\_\_\_\_
- 2. Provide the date of your last complete evaluation of the Applicant. \_\_\_\_\_

3. At the time of your initial evaluation/consultation, did the Applicant have a previously documented history of ADHD?  Yes  No  
If yes, briefly describe. If no, what objective evidence has been presented for your review that supports a likely history of undiagnosed ADHD (school records, previous psychological test reports, parent interview, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List the Applicant's self-reported symptoms of ADHD indicating sufficient qualification for DSM-V criteria.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the Applicant exhibit symptoms which interfere with or reduce the quality of his/her social, academic, or occupational functioning?  Yes  No  
If yes, briefly describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are these self-reported symptoms of ADHD (Question 4), and the evidence of symptoms which interfere with or reduce the quality of his/her social, academic, or occupational functioning (Question 5), supported by information other than the Applicant's self-report (job evaluations, recent teacher evaluation, interviews with significant others)?  Yes  No  
If yes, briefly describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does the Applicant meet full DSM-V criteria for (check which diagnosis applies):
- |   |   |
|---|---|
| <input type="checkbox"/> ADHD, Combined Presentation                            | <input type="checkbox"/> ADHD, Predominantly Inattentive Presentation |
| <input type="checkbox"/> ADHD, Predominantly Hyperactive-Impulsive Presentation | <input type="checkbox"/> ADHD, Other Specified or Unspecified         |

8. Is the Applicant substantially limited in a major life activity?  Yes  No  
If yes, please state what activity.

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9. Is the Applicant significantly restricted as to the condition, manner, or duration under which he/she can perform the activity as compared to the general population?  Yes  No  
Please explain why or why not.

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**III. Formal Testing**

1. ADHD questionnaires and checklists (Wender-Utah, BAADS, etc.) are helpful to quantify self-reported ADHD symptoms, but cannot be used to the exclusion of interview and collateral information describing and documenting past and current symptoms.

Were ADHD questionnaires and/or ADHD checklists completed?  Yes  No

2. Objective personality/psychopathology tests are not essential if not indicated. However, they can be helpful to describe the Applicant's emotional status and rule out other psychological problems. If not used, there should be a clear explanation why they were not deemed necessary to rule out other potential explanations for reported ADHD symptoms. Please Note: In evaluating the Applicant's Petition for Non-Standard Testing Accommodations, the Board may require such tests.

Was psychological testing completed?  Yes  No

If yes, briefly describe how the findings support an ADHD diagnosis. If no, explain why testing was not deemed necessary to rule out other psychiatric diagnoses.

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3. Cognitive test results cannot be used as the sole indication of an ADHD diagnosis independent of history and interview. However, these test findings often augment the ADHD evaluation and should be reported. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems, and to assess the severity of cognitive deficits associated with ADHD (inattention, working memory, etc.). In general, the Applicant who has completed law school, reporting academic distress secondary to ADHD symptoms, should demonstrate at least average to above average intelligence.

Was cognitive testing performed?  Yes  No

If yes, briefly describe how the findings support an ADHD diagnosis. If no, explain why cognitive testing was not deemed necessary to rule out low ability level and/or establish objective evidence of a processing problem. The evaluation should indicate a concern with reliability, particularly the reliability of self-reported information. There should be some indication that the information provided is reliable, is valid, and has not been unduly influenced by the Applicant's motivation to achieve a specified goal. Please Note: In evaluating the Applicant's Petition for Non-Standard Testing Accommodations, the Board may require such tests.

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4. Do you believe the Applicant's motivation level, interview behavior, and/or test-taking behavior is adequate to yield reliable diagnostic information/test results?  Yes  No

If yes, describe how this determination was made.

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5. Is there any objective evidence that the recommended testing accommodations have facilitated the Applicant's test performance in the past?  Yes  No

If yes, please explain.

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6. Is there any medical or scientific study which provides you with data enabling you to determine, on an objective basis, the exact amount of additional testing time which will place the Applicant in a testing position akin to that enjoyed by a person who does not have this disability?  Yes  No

If yes, please attach a copy of the study to this form and describe how the study supports the accommodations you have recommended for the Applicant.

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**IV. ADHD Treatment**

- 1. Is the Applicant currently being treated for ADHD? \_\_\_\_ Yes \_\_\_\_ No  
If yes, describe the type of treatment. If not, explain the rationale for not receiving treatment for this disability.

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**V. Complete Attachments**

- 1. ACCOMMODATIONS REQUEST CHART; if applicable
- 2. ADDITIONAL TIME REQUEST CHART; if applicable

**VI. Licensed Healthcare Professional’s Certification**

I have attached to this Form D copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to Form D for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 West Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant’s request for non-standard testing accommodations will not be processed without these records, causing him/her to make a choice to take the Virginia Bar Exam under standard testing conditions or to delay taking the Virginia Bar Exam until the Petition is complete.**

I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification of my responses on this form.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

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Signature of Licensed Healthcare Professional

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Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board’s expert(s) and may require additional documentation and/or testing.

Revised October 2018

### Accommodations Request Chart

Standard testing on the Virginia Bar Examination is two days. The first day is the Virginia Essay session administered in two 3-hour sessions. The second day is the Multistate Bar Examination (MBE), which is a standardized test, also administered in two 3-hour sessions. There is about a 1 to 1½ hour lunch break between sessions on each day of the exam. The Additional Time Request Chart details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6’ table or three per 8’ table. Applicants may leave the room to use the restroom or get a drink of water; however, no food or beverages will be permitted in the testing room.

\*Applicants applying for non-standard testing accommodations will be tested in a room with like-accommodated applicants. For private room requests, the applicant’s healthcare provider must provide sufficient documentation.

Check Yes for all non-standard testing accommodations required for the applicant’s disability and provide the specific rationale for each accommodation.

Check all that apply	Accommodations	Specific rationale for accommodation
____ YES	Additional testing time	To receive additional time, provide the amount of time per session on the <b>Additional Time Request Chart</b> .
____ YES	Large print testing materials ____ 18pt ____ 24pt	
____ YES	Braille version of exam	
____ YES	Use of magnifying glass or special visual aid/apparatus	
____ YES	Assistance bubbling the MBE scantron answer sheet (applicant will circle answers in their MBE booklet)	
____ YES	Use of sign language interpreter	
____ YES	Use of a reader	
____ YES	Transcriptionist/Court Reporter	
____ YES	Audible computerized version of the exam questions	
____ YES	Use of dictation or speech to text software for transcribing the exam answers	
____ YES	*Private testing room	
____ YES	Wheelchair accessibility	
____ YES	Medication	
____ YES	Other requests not listed above _____	

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### Additional Time Request Chart

**Day 1 – Essay & Multiple Choice**

Consists of 9 Essay questions and 10 Multiple Choice questions divided into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to either handwrite or type their answers. Applicants who choose to handwrite their answers are provided booklets containing sheets of lined paper. Applicants who choose to type their answers using their laptop must register, pay, and download the required software.

**Morning Session** – consisting of 5 Essay questions in various subject matters.

Additional Requested Time (Minutes)		minutes
Standard Time (3 hrs = 180 minutes)	180	minutes
<b>Total Time Requested for Essay Morning Session:</b>		minutes

**Afternoon Session** – consisting of 4 Essay questions and 10 Multiple Choice questions in various subject matters.

Additional Requested Time (Minutes)		minutes
Standard Time (3 hrs = 180 minutes)	180	minutes
<b>Total Time Requested for Essay Afternoon Session:</b>		minutes

Provide an explanation as to how the specific aspect(s) of the applicant's claimed disability affects their ability to take the essay portion of the Virginia Bar Exam under standard testing times and conditions.

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**Day 2 – Multistate Bar Exam**

Consists of 200 multiple choice Multistate Bar Exam (MBE) questions, which must be answered by using a pencil and bubbling in circles on a computer-graded grid sheet.

**Morning Session** – consisting of 100 multiple choice questions.

Additional Requested Time (Minutes)		minutes
Standard Time (3 hrs = 180 minutes)	180	minutes
<b>Total Time Requested for MBE Morning Session:</b>		minutes

**Afternoon Session** – consisting of 100 multiple-choice questions.

Additional Requested Time (Minutes)		minutes
Standard Time (3 hrs = 180 minutes)	180	minutes
<b>Total Time Requested for MBE Afternoon Session:</b>		minutes

Provide an explanation as to how the specific aspect(s) of the applicant's claimed disability affects their ability to take the Multistate (MBE) portion of the Virginia Bar Exam under standard testing times and conditions.

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