

**VIRGINIA BOARD OF BAR EXAMINERS**

Office of the Secretary  
2201 West Broad Street  
Suite 101

Richmond, Virginia 23220-2022  
804-367-0412

**Petition for Non-Standard Testing**

NST – YES

Processor:

OFFICE USE ONLY  
Version 3.6 - Submitted April 17, 2017 at 2:38 PM

**GUIDELINES**

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 accommodations by bar applicants, the Board relies upon the definition of disability contained in the [Americans with Disabilities Act as amended by the ADA Amendments Act of 2008 \(ADA/ADAAA\)](#), and as interpreted by controlling case law.

The Board recognizes that other non-ADA medical conditions may necessitate a request for testing modifications. Petitions for Non-Standard Testing will be reviewed by the Board's expert(s) and should comply with the guidelines below.

**PLEASE NOTE:** ONLY those applicants requesting additional testing time should complete the Petition for Non-Standard Testing. Applicants who wish to request permission to bring an item into the exam, that is not on the [Allowed Exam Items](#) list, or request special seating due to a medical condition (i.e., seated near a restroom or exit), should submit a [Medical Accommodations Request Form](#).

- Having an impairment does not make an individual disabled for purposes of the ADA/ADAAA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADA/ADAAA, an applicant must also show that the limitation on the major life activity is "substantial." "Substantial" means "considerable" or "specified to a large degree."
- A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits one or more of the major life activities of an individual.
- 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 a bar 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, with the body's own systems.
- The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.
- Objective testing/diagnostic evaluations submitted by your healthcare professional to substantiate your claimed disability must have been administered within five (5) calendar years of the filing deadline for any exam to which you apply.

**IMPORTANT NOTE:** Requests for accommodations will be considered only after all information has been received. Filing deadlines apply to receipt of all information, including documentation requested from third parties. All documentation submitted will be retained by the Board and may be reviewed by the Board's consultants as necessary. All accommodations granted to you by the Board will be provided at no cost. Accommodations granted elsewhere do not necessarily entitle an applicant to accommodations on the Virginia Bar Examination nor do accommodations previously granted on a past Virginia Bar Examination necessarily entitle applicants to accommodations on a future exam.

**FILING DEADLINE:** The applicable items specified in the Petition Checklist must be completed and postmarked or received by the Board *on or before the filing deadline* of the exam you wish to take.

**APPLICANTS REQUESTING ADDITIONAL TESTING TIME:** Submit documentation from your physicians or other licensed professionals that details the basis for the requested additional time and the amount of additional time recommended. **If a specific amount of additional time is not indicated, your request will not be processed.**

1. Applicants requesting non-standard testing have the responsibility to meet the same application filing deadline as all applicants applying to take the bar exam. Because some of the forms require input from third parties, it is suggested that you request the appropriate individuals to complete the forms **WELL IN ADVANCE** of the filing deadline.
2. Forms must be typed and, where applicable, must be sworn to before a notary public.
3. Inquiries regarding your Petition or other substantive matters must be in writing.
4. If a timely filed Petition is illegible, incomplete or if the Board or the Board's expert finds the applicant or the applicant's healthcare professional has not adequately substantiated the claimed disability, the applicant will be so notified.
5. If a disability occurs after the filing deadline, the Board will review an applicant's late Petition if it is received in the Office of the Secretary by February 1 for the February exam or July 1 for the July exam. However, such applicants must recognize that there may not be enough time to process a Petition and accompanying documentation to permit the Board to reach a determination on the Petition and to make necessary arrangements at the examination site. If the Petition is complete and the claimed disability substantiated, the Board will accommodate the applicant on a space available basis, or the applicant may carry forward his or her application in accordance with Section VI of the Rules of the Board.
6. You may be required to submit to independent diagnostic testing AT YOUR EXPENSE by a ~~licensed~~ healthcare professional.
7. You will receive a written notice of the disposition of your Petition as soon as it has been acted upon by the Board, approximately one month prior to the exam.

**SAMPLE**

## PETITION CHECKLIST for TEST ACCOMMODATIONS

You and your current healthcare professional must complete the Forms indicated for each claimed disability response of "Yes."

- YES 1. Form A - APPLICANT DISABILITY INFORMATION** (required):  
Form A must be completed by ALL applicants who seek testing modifications.
- YES 2. Form B - PHYSICAL DISABILITY VERIFICATION FORM** (required if you claim a physical disability):  
For each claim of Physical Disability, you are required to submit with your Non-Standard Testing Petition a fully completed **Form B – Physical Disability Verification Form**.
- FORM B - NST AUTHORIZATION must be completed by you, signed and notarized. Your current healthcare professional must complete the remainder of Form B and return it to you for submission with your application.
- NO** Visually Impaired  
**YES** Blind  
**NO** Hearing Impaired  
**NO** Deaf  
**NO** Specific Orthopedic Disability  
**NO** Specific Neurological Disability  
**NO** Other physical disability/impairment not mentioned above
- YES 3. Form C - LEARNING DISABILITY VERIFICATION FORM** (required if you claim a learning disability):  
Learning Disability (specify all)  
**learning**
- For your claim of Learning Disability, you are required to submit with your Non-Standard Testing Petition a fully completed **Form C – LEARNING DISABILITY VERIFICATION FORM**.
- FORM C - NST AUTHORIZATION must be completed by you, signed and notarized. Your current healthcare professional must complete the remainder of Form C and return it to you for submission with your application.
- Submit copies of your undergraduate, postgraduate and law school transcripts. These documents must be provided before the Board can consider your Petition.
- YES 4. Form D - ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) VERIFICATION FORM** (required if you claim ADD or ADHD):  
For your claim of Attention Deficit Hyperactivity Disorder (ADHD), you are required to submit with your Non-Standard Testing Petition a fully completed **Form D – ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) VERIFICATION FORM**.
- FORM D - NST AUTHORIZATION must be completed by you, signed and notarized. Your current healthcare professional must complete the remainder of Form D and return it to you for submission with your application.
- Submit copies of your undergraduate, postgraduate and law school transcripts. These documents must be provided before the Board can consider your Petition.

- YES 5. Form E - PSYCHOLOGICAL DISABILITY VERIFICATION FORM** (required if you claim a psychological/psychiatric disability):  
For your claim of Psychological Disability, you are required to submit with your Non-Standard Testing Petition a fully completed **Form E – PSYCHOLOGICAL DISABILITY VERIFICATION FORM**.

FORM E - NST AUTHORIZATION must be completed by you, signed and notarized. Your current healthcare professional must complete the remainder of Form E and return it to you for submission with your application..

- NOTE: Test anxiety is excluded, as it is not considered a disability.
- Submit copies of your undergraduate, postgraduate and law school transcripts. These documents must be provided before the Board can consider your Petition.

Psychological Disability (specify all)

**psychological**

- YES 6. Form F - STATEMENT OF LAW SCHOOL OFFICIAL FORM** (if applicable):  
Page F1 of the **Form F - STATEMENT OF LAW SCHOOL OFFICIAL** must be completed by you, signed and notarized. A law school official must complete page F2 of Form F and return it to you for submission with your application.
- YES 7. Form G - STATEMENT OF BAR ADMISSION ACCOMMODATIONS FORM** (if applicable):  
Page G1 of the **Form G - STATEMENT OF BAR ADMISSION ACCOMMODATIONS** must be completed by you, signed and notarized. A bar admission official must complete page G2 of Form G and return it to you for submission with your application.

### FORM A – Applicant Disability Information

(To be completed by **ALL** Applicants claiming a disability)

*Note: The Virginia Board of Bar Examiners reserves the right to make final judgment concerning testing accommodations and may have this documentation reviewed by a healthcare professional.*

1. Exam date                      Month **July**                                      Year **2017**

Full Legal Name    **Jane Smith Doe**

Street    **123 Happy Street  
APT 155**

City    **Richmond**

State    **VA**                      ZIP    **23220**

Daytime phone    **(888) 849-3928**

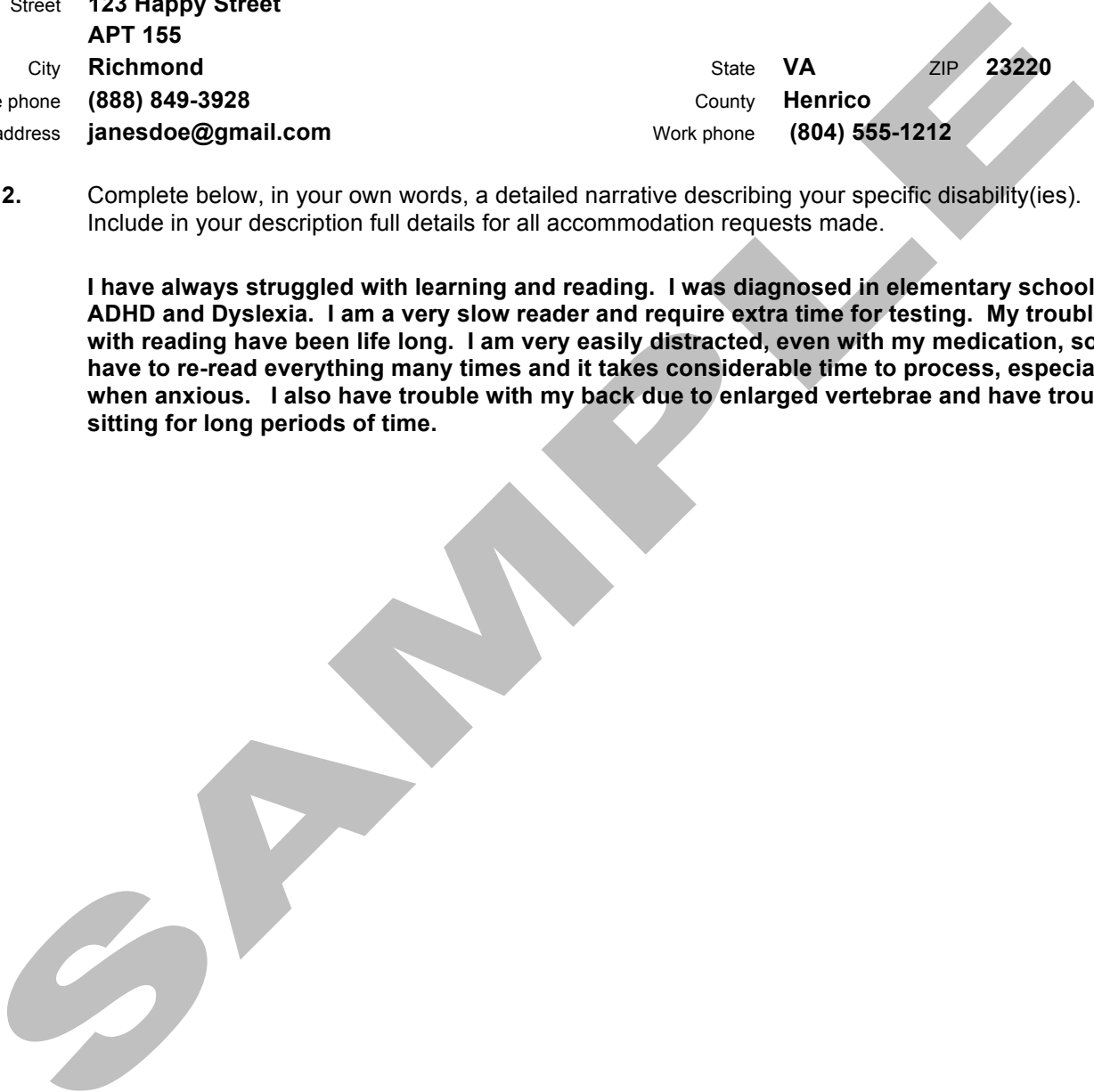
County    **Henrico**

Email address    **janesdoe@gmail.com**

Work phone    **(804) 555-1212**

2. Complete below, in your own words, a detailed narrative describing your specific disability(ies). Include in your description full details for all accommodation requests made.

**I have always struggled with learning and reading. I was diagnosed in elementary school with ADHD and Dyslexia. I am a very slow reader and require extra time for testing. My troubles with reading have been life long. I am very easily distracted, even with my medication, so I have to re-read everything many times and it takes considerable time to process, especially when anxious. I also have trouble with my back due to enlarged vertebrae and have trouble sitting for long periods of time.**



**3. Testing Modifications 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 ½ hour lunch break between sessions on each day of the exam. **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. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

For all Testing Modifications you are requesting, answer Yes and provide an explanation.

I request the following test accommodation modifications:

Requested	Accommodations	Specific rationale for accommodation.
YES	Additional testing time	To receive additional time, you must provide the amount of time per session you are requesting and an explanation for such request on the <b>ADDITIONAL TIME REQUEST CHART</b> .
NO	Large Print Testing Materials	
NO	Braille version of exam	
NO	Use of magnifying glass or special visual aid/apparatus	
NO	Assistance in filling in MBE grid	
NO	Use of sign language interpreter	
NO	Use of a reader	
NO	Transcriptionist/Court Reporter/Typist	
NO	Audio CD version of exam	
YES	Separate testing area (with like accommodated applicants)	<b>I get distracted easily and need a room with a limited number of people and minimal distraction.</b>
NO	Private testing area	
NO	Wheelchair accessibility	
NO	Other requests not listed above	

## Additional Time Request Chart

### **Day 1 – Essay & Multiple Choice**

Consists of 9 Essay Questions and 10 Multiple-Choice Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to handwrite or type the answers on his or her laptop computer. Applicants who choose to handwrite the answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type the answers using a laptop, must register, pay and download the required software.

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

Standard Time (3 hrs = 180 minutes)	180 minutes
Additional Requested Time (Minutes)	<b>90 minutes</b>
<b>Total Time Requested for Day 1 Morning Session:</b>	<b>270 minutes = 4.5 hours</b>

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

Standard Time (3 hrs = 180 minutes)	180 minutes
Additional Requested Time (Minutes)	<b>90 minutes</b>
<b>Total Time Requested for Day 1 Afternoon Session:</b>	<b>270 minutes = 4.5 hours</b>

Provide an explanation as to how the specific aspect(s) of your claimed disability affects your ability to take the essay portion of the Virginia bar exam under standard testing time and conditions.

**I am a very slow reader. I have to read and re-read every sentence and paragraph multiple times before I can process it correctly. I also have trouble organizing my thoughts on paper and it takes me multiple times of writing and re-writing before I am able to compose a sufficient answer.**

### **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.

Standard Time (3 hrs = 180 minutes)	180 minutes
Additional Requested Time (Minutes)	<b>90 minutes</b>
<b>Total Time Requested for Day 2 Morning Session:</b>	<b>270 minutes = 4.5 hours</b>

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

Standard Time (3 hrs = 180 minutes)	180 minutes
Additional Requested Time (Minutes)	<b>90 minutes</b>
<b>Total Time Requested for Day 2 Afternoon Session:</b>	<b>270 minutes = 4.5 hours</b>

Provide an explanation as to how the specific aspect(s) of your claimed disability affects your ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.

**I am a very slow reader. I have to read and re-read every sentence and paragraph multiple times before I can process it correctly. With multiple choice answers, I have to read them many, many times before I am able to discern which is the correct response.**

## 4. Exam/Testing History

- (A) Exam history for standardized exams. (ACT, GMAT, GRE, LSAT, MPRE, SAT)  
I took the following standardized exams: (ACT, GMAT, GRE, LSAT, MPRE, SAT)

NO (i) Have you ever taken the ACT exam?

YES (ii) Have you ever taken the SAT exam?

Exam	Location	When	Accommodations requested?	Accommodations granted?
<b>SAT</b>	<b>Richmond, VA</b>	<b>Oct 2002</b>	<b>YES</b>	<b>YES</b>

**Attach** a copy of the notice of **granted/denied** accommodations.  
**Attach** a copy the official score report.

Exam	Location	When	Accommodations requested?	Accommodations granted?
<b>SAT</b>	<b>Richmond, VA</b>	<b>Jun 2002</b>	<b>NO</b>	<b>N/A</b>

Explain why you did not request an accommodation:  
**My teachers suggested I attempt the SAT for the first time without accommodations.**  
**Attach** a copy the official score report.

NO (iii) Have you ever taken the GMAT exam?

NO (iv) Have you ever taken the GRE exam?

YES (v) Have you ever taken the LSAT exam?

Exam	Location	When	Accommodations requested?	Accommodations granted?
<b>LSAT</b>	<b>Brooklyn, New York</b>	<b>Jan 2008</b>	<b>YES</b>	<b>YES</b>

**Attach** a copy of the notice of **granted/denied** accommodations.  
**Attach** a copy the official score report.

YES (vi) Have you ever taken the MPRE exam?

Exam	Location	When	Accommodations requested?	Accommodations granted?
<b>MPRE</b>	<b>Brooklyn, New York</b>	<b>Jan 2008</b>	<b>YES</b>	<b>NO</b>

Explain why the testing authority **denied** your request:  
**Did not submit all required documentation in on time.**  
**Attach** a copy of the notice of **granted/denied** accommodations.  
**Attach** a copy the official score report.

YES (B) Did you request accommodations while in college?

College	Accommodations granted?	Type of accommodation
<b>Brooklyn University</b>	<b>YES</b>	<b>Time and a half on all exams, separate room</b>

**Attach** a copy of the notice of **granted/denied** accommodations.



**YES** (C) Did you request accommodations while in law school?

Law School	Accommodations granted?	Type of Accommodation
<b>Brooklyn Law School</b>	<b>YES</b>	<b>Time and a half on all exams, separate room</b>

**Attach** a copy of the notice of **granted/denied** accommodations.  
**FORM F must be completed** by the proper law school official.

**YES** (D) Will you submit copies of your undergraduate, postgraduate and law school transcripts? These documents must be provided before the Board can consider your Petition.

**YES** (E) Have you requested accommodations on another jurisdiction's bar exam?

Jurisdiction	Accommodations granted?	Type of accommodation
<b>New York</b>	<b>NO</b>	<b>Time and a half on all portions, separate room</b>

Explain why the testing authority **denied** your request:

**Did not submit all required documentation in on time.**

**Attach** a copy of the notice of **granted/denied** accommodations.

**FORM G must be completed** by the proper official.

Jurisdiction	Accommodations granted?	Type of accommodation
<b>Maryland</b>	<b>NO</b>	<b>Time and a half</b>

Explain why the testing authority **denied** your request:

**Did not submit all required documentation in on time.**

**Attach** a copy of the notice of **granted/denied** accommodations.

**FORM G must be completed** by the proper official.

**YES** 5. Do you expect to register for the Laptop Program to type the essay sections of the examination?

6. By filing this Petition and required forms, I hereby:

**YES** Authorize the Virginia Board of Bar Examiners (Board) to provide, at the Board's discretion, a copy of any and all documents which I submit in connection with this Petition to such persons and/or consultants as the Board may deem necessary to evaluate my Petition.

**YES** Release, discharge and exonerate the Board and/or its designee(s) and/or any persons to whom information may be provided, pursuant to this Authorization and Release, from any and all liability of every nature and kind arising out of the furnishing or receipt of such information made by or on behalf of the Board.

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

**Jane Smith Doe**  
\_\_\_\_\_

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

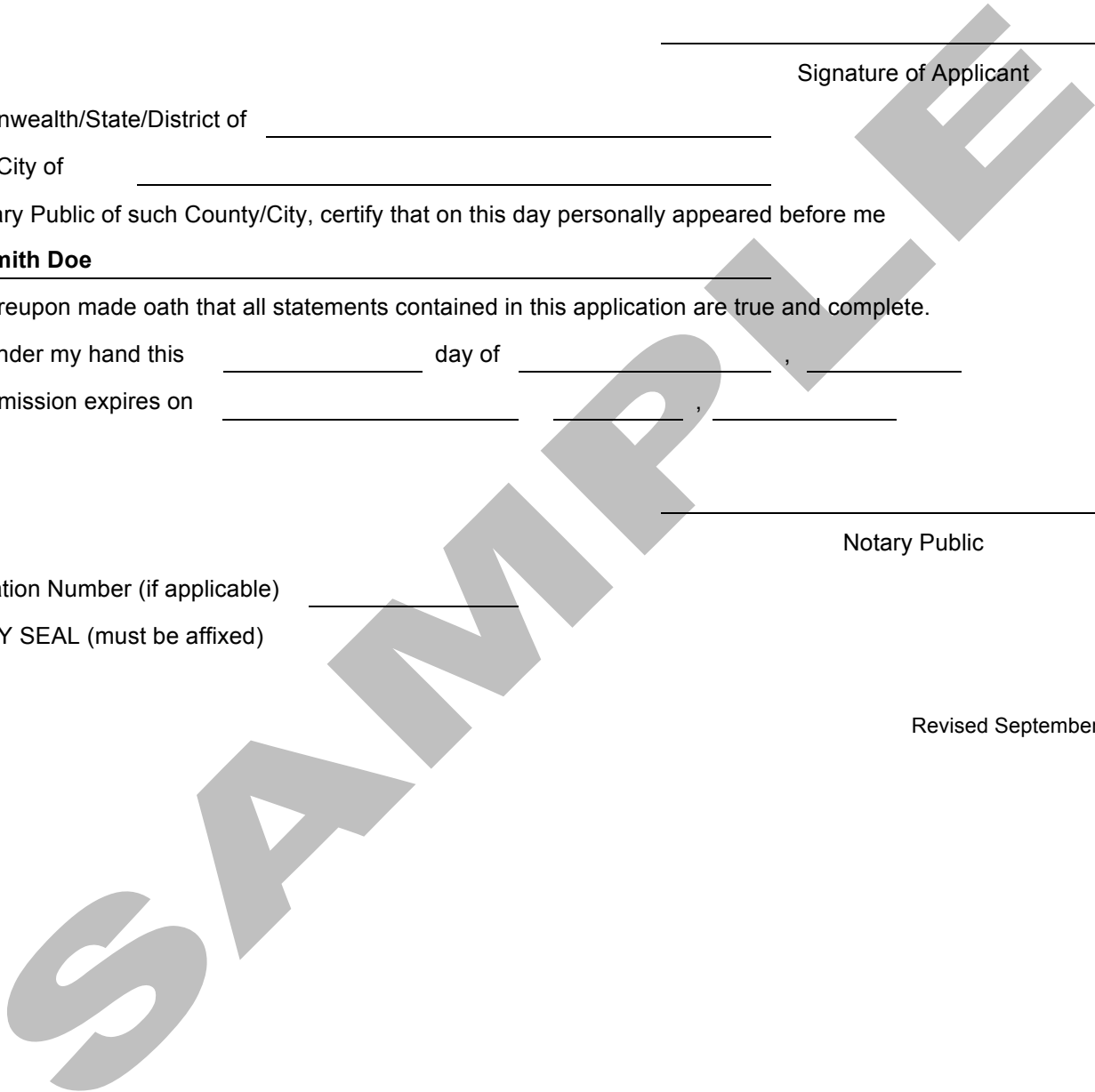
My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)

Revised September 2016



**CHART A #1  
Blindness**

Provide date of initial diagnosis and all diagnosing healthcare professional contact information.

Initial diagnosis	<b>January 2011</b>		
Diagnosing healthcare professional	<b>Dr. Jones</b>		
Type of healthcare provider	<b>Orthopedist</b>		
Street	<b>123 East Street</b>		
City	<b>Richmond</b>	State	<b>VA</b>
		ZIP	<b>23221</b>
Current phone number	<b>(123) 123-1231</b>		

**Form B** is required to be completed by your current diagnosing or licensed healthcare professional for your **Physical Disability**. **Form B** will print at the end of your Non-Standard Testing Petition Application and must be sent to your listed healthcare professional for completion and submitted to the Board with your application materials.

**YES** Is your diagnosing healthcare professional listed above also your current treating healthcare professional who will complete the required forms regarding your disability?

I will send **Form B** to **Dr. Jones**

My diagnosis was most recently confirmed or reassessed on **February 2011** by **Dr. Jones**

This disability is **Temporary**

At my last consultation with my treating healthcare professional, my specific concern was:

**Blind**

What treatment plan is currently being prescribed?

**Eye movement therapy.**



**CHART A #2**  
**Learning Disability: learning**

Provide date of initial diagnosis and all diagnosing healthcare professional contact information.

Initial diagnosis	<b>September 1995</b>		
Diagnosing healthcare professional	<b>Dr. Morris</b>		
Type of healthcare provider	<b>Psychologist</b>		
Street	<b>15 Locale Avenue</b>		
City	<b>Richmond</b>	State	<b>VA</b>
		ZIP	<b>23226</b>
Current phone number	<b>(840) 555-8888</b>		

**Form C** is required to be completed by your current diagnosing or licensed healthcare professional for your **Learning Disability**. **Form C** will print at the end of your Non-Standard Testing Petition Application and must be sent to your listed healthcare professional for completion and submitted to the Board with your application materials.

**YES** Is your diagnosing healthcare professional listed above also your current treating healthcare professional who will complete the required forms regarding your disability?

I will send **Form C** to **Dr. Morris**

My diagnosis was most recently confirmed or reassessed on **September 2012** by **Dr. Morris**

This disability is **Permanent**

At my last consultation with my treating healthcare professional, my specific concern was:

**Dyslexia, reading problems. I met with my doctor to update my records to provide to Brooklyn University for accommodated testing time during college**

What treatment plan is currently being prescribed?

**Medication, talk therapy**

**CHART A #3****Attention Deficit Hyperactivity Disorder (ADHD)**

Provide date of initial diagnosis and all diagnosing healthcare professional contact information.

Initial diagnosis **December 2008**  
Diagnosing healthcare professional **Jane Johnson, PhD**  
Type of healthcare provider **Psychiatrist**  
Street **100 Brooklyn Way**  
City **Brooklyn** State **NY** ZIP **11209**  
Current phone number **(999) 999-9999**

**Form D** is required to be completed by your current diagnosing or licensed healthcare professional for your **Attention Deficit Hyperactivity Disorder (ADHD)**. **Form D** will print at the end of your Non-Standard Testing Petition Application and must be sent to your listed healthcare professional for completion and submitted to the Board with your application materials.

**NO** Is your diagnosing healthcare professional listed above also your current treating healthcare professional who will complete the required forms regarding your disability?

I will send **Form D** to :

Licensed healthcare professional **Dr. Morris**  
Type of healthcare provider **Psychologist**  
Street **15 Locale Avenue**  
City **Richmond** State **AS** ZIP **23226**  
Current phone number **(840) 555-8888**

My diagnosis was most recently confirmed or reassessed on **September 2012** by **Dr. Morris**

This disability is **Permanent**

At my last consultation with my treating healthcare professional, my specific concern was:

**I relocated back to Richmond and I needed a doctor to prescribe my medication for my learning and ADHD disabilities. I went back to the doctor who tested and treated me in my youth.**

What treatment plan is currently being prescribed?

**ADHD medication, anxiety medication, meditation and yoga**

**CHART A #4**

**Psychological Disability: psychological**

Provide date of initial diagnosis and all diagnosing healthcare professional contact information.

Initial diagnosis	<b>January 2011</b>		
Diagnosing healthcare professional	<b>Dr. Hellman</b>		
Type of healthcare provider	<b>Mayo Clinic</b>		
Street	<b>2345 Morehouse Road</b>		
City	<b>St. Paul</b>	State	<b>MN</b>
Current phone number	<b>(804) 555-2121</b>	ZIP	<b>55333</b>

**Form E** is required to be completed by your current diagnosing or licensed healthcare professional for your **Psychological Disability**. **Form E** will print at the end of your Non-Standard Testing Petition Application and must be sent to your listed healthcare professional for completion and submitted to the Board with your application materials.

**YES** Is your diagnosing healthcare professional listed above also your current treating healthcare professional who will complete the required forms regarding your disability?

I will send **Form E** to **Dr. Hellman**

My diagnosis was most recently confirmed or reassessed on **January 2011** by **Dr. Hellman**

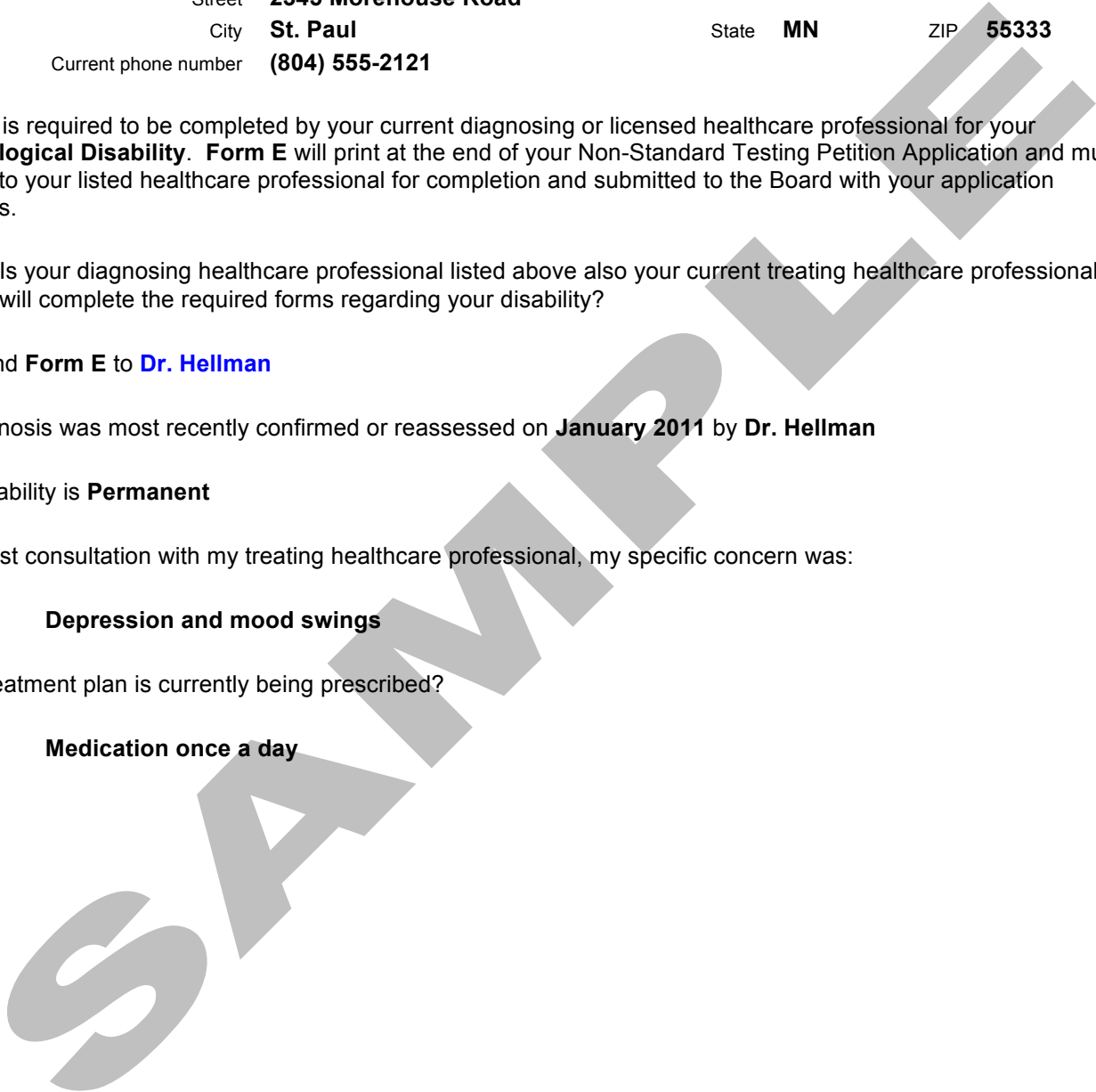
This disability is **Permanent**

At my last consultation with my treating healthcare professional, my specific concern was:

**Depression and mood swings**

What treatment plan is currently being prescribed?

**Medication once a day**



# Form B – PHYSICAL DISABILITY VERIFICATION FORM

**> NOTICE TO APPLICANT:**

Form B – NST AUTHORIZATION is to be completed by you. **Please complete, sign and have this page notarized before submitting the entire Form B to your licensed healthcare professional for completion.**

Form B, is to be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability or disabilities.

Applicant's Name: **Jane Smith Doe**

Date of Birth: **January 1, 1985** SSN: **XXX-XX-9999**

Disability: **Blindness**

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

**Jane Smith Doe**  
\_\_\_\_\_

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)

Revised September 2016

**I. Qualifications of the Licensed Healthcare Professional**In regards to the Petition of **Jane Smith Doe***(Petitioner)*Name of professional completing this form: **Dr. Jones**Address: **123 East Street**City: **Richmond**State: **VA**ZIP: **23221**Telephone: **(123) 123-1231**

Fax: \_\_\_\_\_

Occupation/specialty: \_\_\_\_\_ / \_\_\_\_\_

(Jurisdiction) License/Certification number \_\_\_\_\_

Name of licensing entity: \_\_\_\_\_

**► NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:**

For your convenience, a fillable PDF version of this form (Form B - Physical Disability) is also available on the Board's website ([barexam.virginia.gov/bar/barnstforms.html](http://barexam.virginia.gov/bar/barnstforms.html)). Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners 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 petitions for accommodations by bar applicants, 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." A bar 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 a bar 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, with the body's own systems.*

*Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar 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 Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.*



Is the Applicant's 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. Information Concerning Applicant's Disability**

1. State the specific diagnosis of the disability affecting the Applicant.

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2. When was the Applicant first diagnosed with this condition? \_\_\_\_\_

3. Did you make the initial diagnosis?  Yes  No  
If no, please state the name, address, and telephone number of the professional who made the initial diagnosis.

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- 4. Describe the specific diagnostic criteria and/or diagnostic tests used, including date(s) of evaluation, test results, and a detailed interpretation of test results. **Please note that you must also attach to this form or provide directly to the Board a complete copy of the testing conducted and any assessments, as well as copies of your notes and other records relating to the Applicant.**

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*If you need more space, continue on a separate page.*

- 5. State each date you have seen the Applicant for a consultation:

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- 6. When was your last complete evaluation on the Applicant?

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- 7. What occasioned this evaluation (i.e. specific health complaints, need for updated evaluation for accommodation, etc.)?

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- 8. Briefly describe your treatment of this disability or condition and state the effect of the treatment on the disability or condition.

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- 9. State each medication the Applicant is taking for this disability or condition and how it treats the disability or condition.

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- 10. Summarize any negative effects the Applicant has experienced with this medication, emphasizing any which will affect his or her performance on the Virginia Bar Examination.

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- 11. In its current state, is the Applicant's disability temporary or permanent?  Temporary  Permanent  
If you indicated the disability to be temporary, state below when and under what conditions the disability/condition is likely to abate.

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- 12. Describe in detail all major life activities that are **substantially limited** by the Applicant's diagnosed disability **at the current time**. If there are none, so state.

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- 13. 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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- 14. If you based your recommendations regarding additional testing time on Applicant's reduced handwriting speed/keyboarding speed or ability, please describe all tests conducted by you or relied on by you to determine the speed at which the Applicant writes as compared to that of a person without Applicant's disability.

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15. Is there any medical or scientific study you can cite which provided 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. Describe how the study supports the accommodations you have recommended for Applicant.

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**III. Complete Attachments**

1. TESTING MODIFICATIONS REQUEST CHART; if applicable
2. ADDITIONAL TIME REQUEST CHART (ATRC); if applicable

**IV. Licensed Healthcare Professional's Certification**

I have attached to this Form B 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 the Form B for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications 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.

\_\_\_\_\_  
 Signature of Licensed Healthcare Professional

\_\_\_\_\_  
 Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's expert or consultant.

### Testing Modifications Request Chart

Standard testing on the Virginia Bar Examination (VBE) 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 ½ hour lunch break between sessions on each day of the exam. **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. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

Check YES for all Testing Modifications required to accommodate applicant's disability and the rationale for such accommodation.

Requested	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 in filling in MBE grid	
___ YES	Use of sign language interpreter	
___ YES	Use of a reader	
___ YES	Transcriptionist/Court Reporter/Typist	
___ YES	Audio CD version of exam	
___ YES	Separate testing area (with like accommodated applicants)	
___ YES	Private testing area	
___ YES	Wheelchair accessibility	
___ YES	Other requests not listed above _____	

### Additional Time Request Chart (ATRC)

#### Day 1 – Essay & Multiple Choice

Consists of 9 Essay Questions and 10 Multiple Choice Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to handwrite or type the answers on his or her laptop computer. Applicants who choose to handwrite the answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type the answers using a laptop, must register, pay and download the required software.

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 1 Morning Session:</b>	_____	minutes

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 1 Afternoon Session:</b>	_____	minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the essay portion of the Virginia bar exam under standard testing time 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.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 2 Morning Session:</b>	_____	minutes

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 2 Afternoon Session:</b>	_____	minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.

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# Form C – LEARNING DISABILITY VERIFICATION FORM

**> NOTICE TO APPLICANT:**

Form C – NST AUTHORIZATION is to be completed by you. **Please complete, sign and have this page notarized before submitting the entire Form C to your licensed healthcare professional for completion.**

Form C, is to be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability or disabilities.

Applicant's Name: **Jane Smith Doe**

Date of Birth: **January 1, 1985**      SSN: **XXX-XX-9999**

**Form C: Learning Disability: learning**

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

**Jane Smith Doe**  
\_\_\_\_\_

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)

Revised September 2016

**I. Qualifications of the Licensed Healthcare Professional**In regard to the Petition of **Jane Smith Doe***(Petitioner)*Name of professional completing this form: **Dr. Morris**Address: **15 Locale Avenue**City: **Richmond**State: **VA**ZIP: **23226**Telephone: **(840) 555-8888**

Fax: \_\_\_\_\_

Occupation/specialty: \_\_\_\_\_ / \_\_\_\_\_

(Jurisdiction) License/Certification Number \_\_\_\_\_

Name of Licensing Entity: \_\_\_\_\_

**► NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:**

For your convenience, a fillable PDF version of this form (Form C – Learning Disability) is also available on the Board’s website ([barexam.virginia.gov/bar/barnstforms.html](http://barexam.virginia.gov/bar/barnstforms.html)). Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners 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 petitions for accommodations by bar applicants, 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.” A bar 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 a bar 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, with the body’s own systems.*

*Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar 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 Virginia Board of Bar Examiners for consideration of the Applicant’s request for test accommodations.*





### III. Formal Testing

An Applicant with specific learning disabilities must have been identified by an appropriate psychoeducational assessment process that is well documented in the form of a comprehensive diagnostic report. This report must include:

1. An account of a thorough diagnostic interview that summarizes relevant components of the individual's developmental, medical, family, social and educational history;
2. Clear, objective evidence of a substantial limitation to learning or performance provided through assessment in the areas of cognitive aptitude, achievement and information processing abilities (results must be obtained on standardized test(s) appropriate to the general adult population and be reported in standard scores and percentiles);
3. Interpretation of the diagnostic profile that integrates assessment data, background history, observations made during the evaluation process, as well as the inclusion or ruling out of possible coexisting conditions (such as previously diagnosed psychological issues, or English as a second language) affecting the individual's performance;
4. A specific diagnostic statement. That statement should not include nonspecific terms such as "learning differences," "learning styles," or "academic problems;" and,
5. Each accommodation recommended must include a rationale based on diagnostic information presented (background history, test scores, documented observations, etc.).

A copy of the evaluation report, including all the above outlined information, must accompany this form. It should be kept in mind that when choosing a test battery, the technical aspects of each test must be considered. This includes the test's reliability, validity, and whether it is standardized with norms available for the general adult population. Again, the professional judgment of the evaluation is the key to a strongly documented diagnosis. The following lists of tests are provided as a guide to assessment instruments appropriate for the adult population. It is not intended to be all-inclusive and will vary with the needs of the individual being evaluated.

#### 1. Aptitude/Cognitive Ability

- Wechsler Adult Intelligence III (WAIS III) (including IQ, Index and scaled scores)
- Woodcock-Johnson III (WJ III): Tests of Cognitive Abilities
- Stanford-Binet Intelligence Scale (4th Ed.)
- Kaufman Adolescent and Adult Intelligence Test

Please note: The Slossen Intelligence Test and the Kaufman Brief Intelligence Test are primarily screening instruments and should not be considered comprehensive measures of aptitude/cognitive ability.

#### 2. Achievement

- Woodcock-Johnson III (WJ III): Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)
- Scholastic Abilities Test for Adults (SATA)
- Nelson-Denny Reading Test (timed and untimed); given in conjunction with one of the above tests to further document reading abilities and reading rate
- Test of Word Reading Efficiency
- The Wide Range Achievement Test Third Edition (WRAT-3)
- Peabody Individual Achievement Test (PIAT, PIAT-R)

Please note: The Wide Range Achievement Test Third Edition (WRAT-3) and the Peabody Individual Achievement Test (PIAT, PIAT-R) are not comprehensive measures of academic achievement and should not be used as sole measures in this area.

3. Information Processing

- Wechsler Memory Scale-III
- Swanson Cognitive Process Test (S-CPT)
- Test of Adolescent/Adult Wordfinding (TAWF)
- Information from subtest, index and/or cluster scores on the WAIS-III (Working Memory; Perceptual Organization; Processing Speed) and/or the Woodcock Johnson III (WJ III): Tests of Cognitive Ability; (Visual Processing; Short Term Memory; Long Term Memory; Processing Speed) and/or The Detroit Tests of Learning Aptitude-Adult (DTLA-A) as well as other neuropsychological instruments that measure rapid automatized naming and/or phonological processing.
- Comprehensive Test of Phonological Processes

IV. Learning Disability

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

Describe how this determination was made.

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2. Please include any informal measures, background history and clinical observations that aided you in determining that this individual has a learning disability.

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3. Is the Applicant substantially limited in a major life activity?  Yes  No

If yes, identify the major life activity and describe the substantial limitation.

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

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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 you can cite which provided 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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**V. Complete Attachments**

- 1. TESTING MODIFICATIONS REQUEST CHART; if applicable
- 2. ADDITIONAL TIME REQUEST CHART; if applicable

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

I have attached to this Form C 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 the Form C for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications 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.**

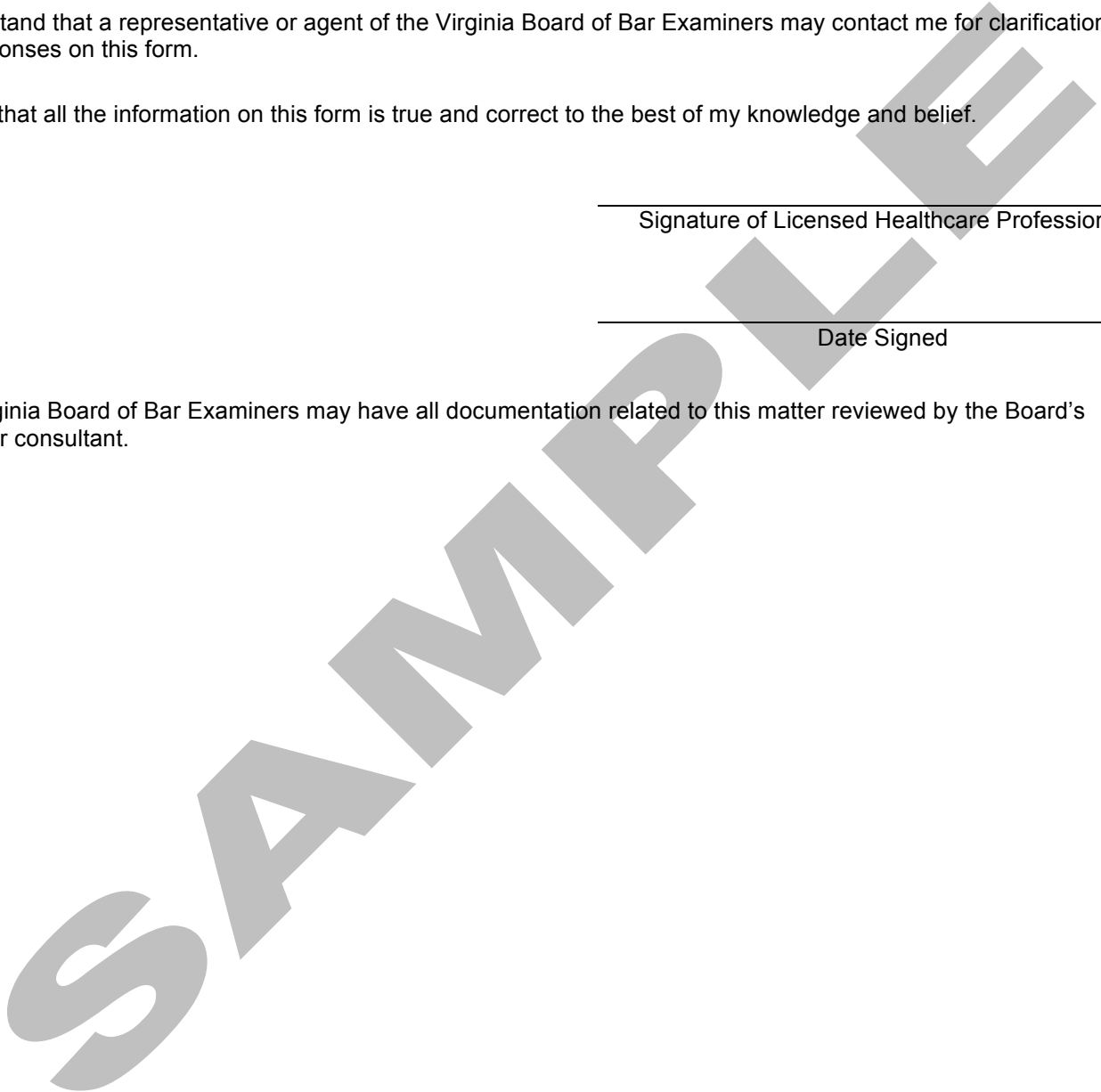
I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification of my responses on this form.

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

\_\_\_\_\_  
Signature of Licensed Healthcare Professional

\_\_\_\_\_  
Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's expert or consultant.



### Testing Modifications Request Chart

Standard testing on the Virginia Bar Examination (VBE) 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 ½ hour lunch break between sessions on each day of the exam. 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. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

Check YES for all Testing Modifications required to accommodate applicant's disability and the rationale for such accommodation.

Requested	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 in filling in MBE grid	
___ YES	Use of sign language interpreter	
___ YES	Use of a reader	
___ YES	Transcriptionist/Court Reporter/Typist	
___ YES	Audio CD version of exam	
___ YES	Separate testing area (with like accommodated applicants)	
___ YES	Private testing area	
___ YES	Wheelchair accessibility	
___ YES	Other requests not listed above _____	

### Additional Time Request Chart

**Day 1 – Essay & Multiple Choice**

Consists of 9 Essay Questions and 10 Multiple-Choice Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to handwrite or type the answers on his or her laptop computer. Applicants who choose to handwrite the answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type the answers using a laptop, must register, pay and download the required software.

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 1 Morning Session:</b>	_____	minutes

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 1 Afternoon Session:</b>	_____	minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the essay portion of the Virginia bar exam under standard testing time 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.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 2 Morning Session:</b>	_____	minutes

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 2 Afternoon Session:</b>	_____	minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.

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

**➤ NOTICE TO APPLICANT:**

Form D – NST AUTHORIZATION is to be completed by you. **Please complete, sign and have this page notarized before submitting the entire Form D to your licensed healthcare professional for completion.**

Form D, is to be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability or disabilities.

Applicant's Name: **Jane Smith Doe**

Date of Birth: **January 1, 1985**      SSN: **XXX-XX-9999**

**Form D: Attention Deficit Hyperactivity Disorder (ADHD)**

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

**Jane Smith Doe**  
\_\_\_\_\_

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)



**I. Qualifications of the Licensed Healthcare Professional**

In regard to the Petition of **Jane Smith Doe** (Petitioner)

Name of professional completing this form: **Dr. Morris**

Address: **15 Locale Avenue**

City: **Richmond**

State: **AS**

ZIP: **23226**

Telephone: **(840) 555-8888**

Fax: \_\_\_\_\_

Occupation/specialty: \_\_\_\_\_ / \_\_\_\_\_

(Jurisdiction) License/Certification Number \_\_\_\_\_

Name of Licensing Entity: \_\_\_\_\_

**➤ NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:**

For your convenience, a fillable PDF version of this form (Form D – ADHD) is also available on the Board’s website ([barexam.virginia.gov/bar/barnstforms.html](http://barexam.virginia.gov/bar/barnstforms.html)). Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners 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 petitions for accommodations by bar applicants, 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.” A bar 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 a bar 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, with the body’s own systems.*

*Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar 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 Virginia Board of Bar Examiners for consideration of the Applicant’s request for test accommodations.*

Is the Applicant's 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 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 Attention Deficit Hyperactivity Disorder (ADHD) diagnosis. An Applicant warranting an ADHD diagnosis must meet basic DSM-V criteria including:

1. 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.
2. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity were present during childhood.
3. 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.
4. 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.
5. Indication of the specific ADHD diagnostic subtype; Combined Presentation, Predominantly Inattentive Presentation, Predominantly Hyperactive-impulsive Presentation, other Specified ADHD and Unspecified ADHD.

DSM-V criteria are used to provide a basic guideline for 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. Applicant 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 either mild, moderate, or severe.

Diagnostic Information Concerning Applicant. Complete questions 1-9 that follow.

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.)?

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

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

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6. Are these self-reported symptoms of ADHD (Question 4) and the evidence of symptoms which interfere with, or reduce the quality of, his 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.

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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 the Applicant 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**

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.

1. 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 be advised that, in evaluating the Applicant's Petition for Non-Standard Testing, the Board may require such tests.

Was psychological testing completed?  Yes  No  
If yes, briefly describe how the findings support 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 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 ADHD diagnosis. If no, explain why cognitive testing was not deemed necessary to rule out low ability level and/or establish objective evidence of processing problem. The evaluation should indicate a concern with reliability, particularly the reliability of self-report 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 be advised that, in evaluating the Applicant's Petition for Non-Standard Testing, 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 you can cite which provided 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. TESTING MODIFICATIONS 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 the 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 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications 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.

\_\_\_\_\_  
Signature of Licensed Healthcare Professional

\_\_\_\_\_  
Date Signed

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

### Testing Modifications Request Chart

Standard testing on the Virginia Bar Examination (VBE) 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 ½ hour lunch break between sessions on each day of the exam. **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. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

Check YES for all Testing Modifications required to accommodate applicant's disability and the rationale for such accommodation.

Requested	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 in filling in MBE grid	
___ YES	Use of sign language interpreter	
___ YES	Use of a reader	
___ YES	Transcriptionist/Court Reporter/Typist	
___ YES	Audio CD version of exam	
___ YES	Separate testing area (with like accommodated applicants)	
___ YES	Private testing area	
___ YES	Wheelchair accessibility	
___ YES	Other requests not listed above _____	

### Additional Time Request Chart

**Day 1 – Essay & Multiple Choice**

Consists of 9 Essay Questions and 10 Multiple-Choice Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to handwrite or type the answers on his or her laptop computer. Applicants who choose to handwrite the answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type the answers using a laptop, must register, pay and download the required software.

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 1 Morning Session:</b>	_____	minutes

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 1 Afternoon Session:</b>	_____	minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the essay portion of the Virginia bar exam under standard testing time 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.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 2 Morning Session:</b>	_____	minutes

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 2 Afternoon Session:</b>	_____	minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.

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# Form E – PSYCHOLOGICAL DISABILITY VERIFICATION FORM

**> NOTICE TO APPLICANT:**

Form E – NST AUTHORIZATION is to be completed by you. **Please complete, sign and have this page notarized before submitting the entire Form E to your licensed healthcare professional for completion.**

Form E, is to be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability or disabilities.

Applicant's Name: **Jane Smith Doe**

Date of Birth: January 1, 1985      SSN: XXX-XX-9999

**Form E: Psychological Disability: psychological**

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

**Jane Smith Doe**  
\_\_\_\_\_

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)

**I. Qualifications of the Licensed Healthcare Professional**

In regard to the Petition of **Jane Smith Doe** (Petitioner)

Name of professional completing this form: **Dr. Hellman**

Address: **2345 Morehouse Road**

City: **St. Paul**

State: **MN**

ZIP: **55333**

Telephone: **(804) 555-2121**

Fax: \_\_\_\_\_

Occupation/specialty: \_\_\_\_\_ / \_\_\_\_\_

(Jurisdiction) License/Certification Number \_\_\_\_\_

Name of Licensing Entity: \_\_\_\_\_

**► NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:**

For your convenience, a fillable PDF version of this form (Form E – Psychological Disability) is also available on the Board’s website ([barexam.virginia.gov/bar/barnstforms.html](http://barexam.virginia.gov/bar/barnstforms.html)). Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners 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 petitions for accommodations by bar applicants, 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.” A bar 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 a bar 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, with the body’s own systems.*

*Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar 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 Virginia Board of Bar Examiners for consideration of the Applicant’s request for test accommodations.*

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

If your answer is "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. Psychological Disability**

1. State the specific diagnosis of the disability affecting the Applicant.

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2. When was the Applicant first diagnosed with this condition? \_\_\_\_\_

3. Did you make the initial diagnosis? \_\_\_ Yes \_\_\_ No

If no, please state the name, address, and telephone number of the professional who made the initial diagnosis.

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4. Briefly describe the Applicant's current self-reported symptoms of mental or psychological disabilities.

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5. Are these symptoms secondary to any other disorders?  Yes  No  
If yes, please explain

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6. What other diagnoses were considered?

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7. How were other diagnoses ruled out?

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8. How long has the Applicant had a documented history of mental or psychological disability?

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9. Is the Applicant being treated for the condition/disability? \_\_\_ Yes \_\_\_ No

a. If yes, briefly describe treatment.

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b. If the treatment includes medication, state each medication the Applicant is taking for this disability or condition and describe how the medication treats the disability or condition.

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c. Summarize any negative effects your patient has experienced with this medication, emphasizing any which will affect his/her performance on the Virginia Bar Examination.

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10. What remediation techniques have been attempted to alleviate this Applicant's impairment during tests? Have they worked?

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11. Describe in detail all major life activities which are **substantially limited** by the Applicant's diagnosed disability at the current time. If there are none, so state.

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

If yes, please explain.

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13. Please attach a psychological report that contains information necessary to document your diagnosis. The information in the psychological report should include the following:

- Full mental status
- Psychosocial history (family, medical, educational, vocational, etc.)
- Differential diagnoses
- Diagnostic formulation
- Prognosis

14. If psychological/neuropsychological testing was conducted, please provide all test scores with interpretation.

15. In its current state, is the Applicant's disability temporary or permanent?  Temporary  Permanent

16. If you indicated the disability to be temporary, state when and under what conditions the disability/condition is likely to abate.

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**III. Complete Attachments**

- 1. TESTING MODIFICATIONS REQUEST CHART; if applicable
- 2. ADDITIONAL TIME REQUEST CHART; if applicable

**IV. Licensed Healthcare Professional's Certification**

I have attached to this Form E 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 the Form E for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications 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.**

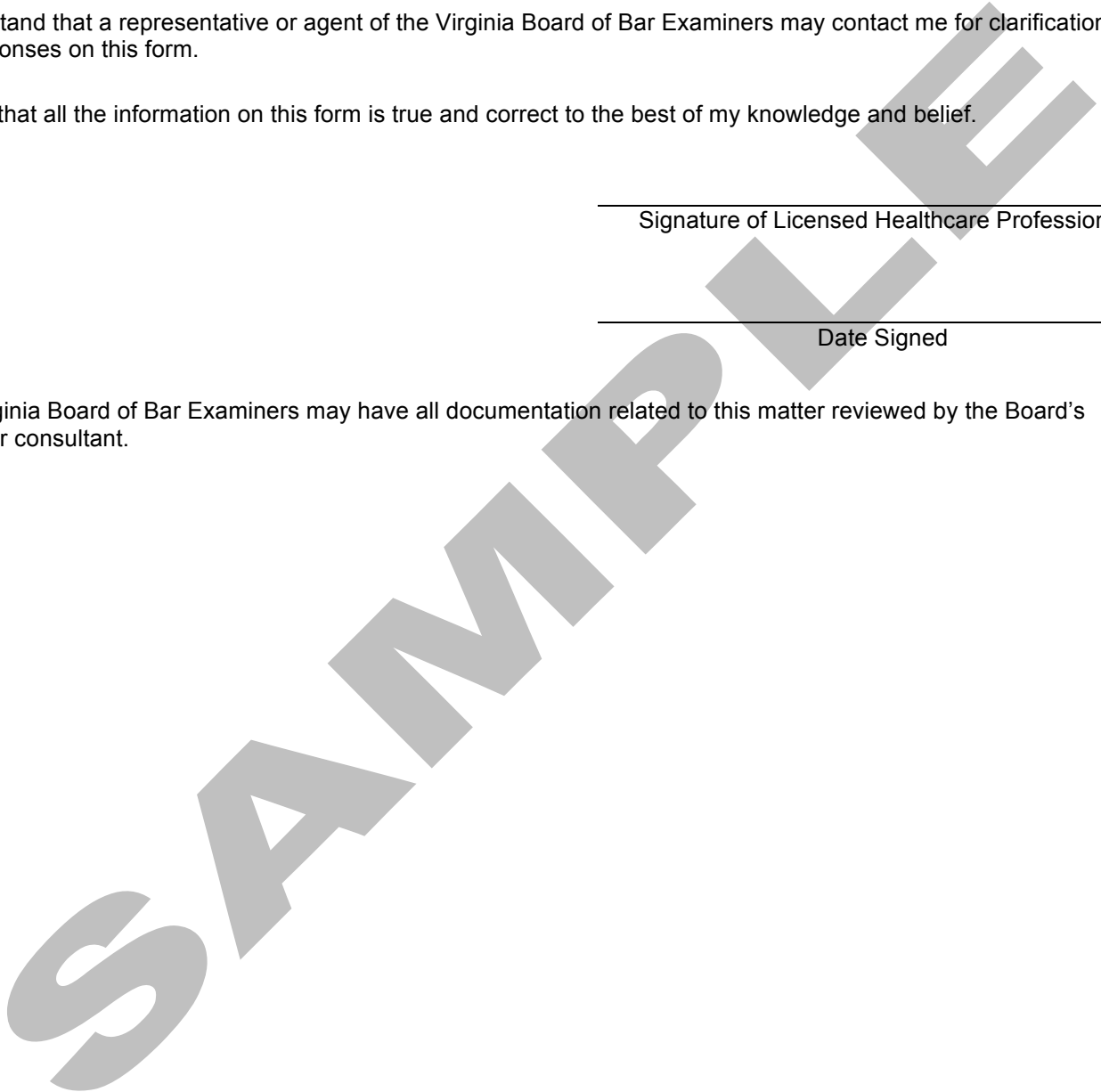
I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification of my responses on this form.

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

\_\_\_\_\_  
Signature of Licensed Healthcare Professional

\_\_\_\_\_  
Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's expert or consultant.



### Testing Modifications Request Chart

Standard testing on the Virginia Bar Examination (VBE) 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 ½ hour lunch break between sessions on each day of the exam. 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. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

Check YES for all Testing Modifications required to accommodate applicant's disability and the rationale for such accommodation.

Requested	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 in filling in MBE grid	
___ YES	Use of sign language interpreter	
___ YES	Use of a reader	
___ YES	Transcriptionist/Court Reporter/Typist	
___ YES	Audio CD version of exam	
___ YES	Separate testing area (with like accommodated applicants)	
___ YES	Private testing area	
___ YES	Wheelchair accessibility	
___ YES	Other requests not listed above _____	



### Additional Time Request Chart

**Day 1 – Essay & Multiple Choice**

Consists of 9 Essay Questions and 10 Multiple-Choice Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to handwrite or type the answers on his or her laptop computer. Applicants who choose to handwrite the answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type the answers using a laptop, must register, pay and download the required software.

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 1 Morning Session:</b>	_____	minutes

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 1 Afternoon Session:</b>	_____	minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the essay portion of the Virginia bar exam under standard testing time 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.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 2 Morning Session:</b>	_____	minutes

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

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 2 Afternoon Session:</b>	_____	minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.

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# Form F – STATEMENT OF LAW SCHOOL OFFICIAL

**> NOTICE TO APPLICANT:** This form is to be completed by the proper representative of your law school. Please read the form in its entirety, complete and sign it and **have it sworn to before a notary public before submitting the form to your law school administrator for completion:**

Applicant's Name: **Jane Smith Doe**

Date of Birth: **January 1, 1985**      SSN: **XXX-XX-9999**

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

**Jane Smith Doe**  
\_\_\_\_\_

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)

Revised September 2016

# Form F – STATEMENT OF LAW SCHOOL OFFICIAL

IN REGARDS TO THE PETITION OF Jane Smith Doe (Petitioner)

I, \_\_\_\_\_, as \_\_\_\_\_ (Title)

affirm that my position at \_\_\_\_\_ (Name of Law School)

is such that it is my responsibility to authorize and monitor testing modifications requested by disabled students for the specific purpose of facilitating their participation as examinees.

The petitioner, who  IS  WAS in attendance at this law school,  was  was not granted testing modifications during examination(s).

If Petitioner was granted accommodations, outline below all accommodations granted.

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Disability Claimed: \_\_\_\_\_

Was the student's request for accommodation(s) reviewed by an independent professional expert in the disability claimed?

Yes  No **If "yes," attach a copy of the expert's report.**

If the Petitioner was granted additional testing time, generally, was the extra time actually used?

Yes  No  That information is not available

Executed on \_\_\_\_\_ by \_\_\_\_\_  
Date Official's Signature

# Form G – STATEMENT OF BAR ADMISSION ACCOMMODATIONS

**> NOTICE TO APPLICANT:** This form is to be completed by a bar admission authority proper official. Please read the form in its entirety, complete and sign it and **have it sworn to before a notary public before submitting the form to your bar admission authority:**

Applicant's Name: **Jane Smith Doe**

Date of Birth: **January 1, 1985** SSN: **XXX-XX-9999**

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

\_\_\_\_\_  
Signature of Applicant

Commonwealth/State/District of \_\_\_\_\_

County/City of \_\_\_\_\_

I, a Notary Public of such County/City, certify that on this day personally appeared before me

**Jane Smith Doe**  
\_\_\_\_\_

who thereupon made oath that all statements contained in this application are true and complete.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number (if applicable) \_\_\_\_\_

NOTARY SEAL (must be affixed)

Revised September 2016

# Form G – STATEMENT OF BAR ADMISSION ACCOMMODATIONS

IN REGARDS TO THE PETITION OF Jane Smith Doe (Petitioner)

I, \_\_\_\_\_, as \_\_\_\_\_ (Title)

affirm that my position at \_\_\_\_\_ (Name of Bar Admission Authority)

is such that it is my responsibility to monitor and authorize bar exam testing modifications requested by disabled applicants for the specific purpose of facilitating their participation as examinees. The petitioner, who took the

\_\_\_\_\_ bar examination(s) \_\_\_\_\_ was \_\_\_\_\_ was not granted testing modifications.

If Petitioner was granted accommodations, outline below all accommodations granted.

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Disability Claimed: \_\_\_\_\_

Was the applicant's request and accommodation information reviewed by an independent expert?

Yes  No **If "yes," attach a copy of the expert's report.**

If the Petitioner was granted additional testing time, enter the extra time actually used per testing session in the space provided below.

_____	Essay (AM Session)	_____	MBE (AM Session)
_____	Essay (PM Session)	_____	MBE (PM Session)

Executed on \_\_\_\_\_ by \_\_\_\_\_  
Date Official's Signature