Virginia Board of Bar Examiners

PETITION FOR NON-STANDARD TESTING ACCOMMODATIONS

COVER PAGE

Please review the checklist for instructions and required documentation.

Your Petition for Non-Standard Testing Accommodations MUST be signed and notarized, this includes all required forms.
PETITION FOR NON-STANDARD TESTING ACCOMMODATIONS

Following is the Virginia Board of Bar Examiners’ (Board) policy for determining whether to grant test accommodations on the Virginia Bar Examination:

In deciding the merits of Petitions for Non-Standard Testing Accommodations, the Board relies upon the definition of disability contained in the Americans with Disabilities Act as amended by the ADA 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 accommodations. Petitions for Non-Standard Testing Accommodations will be reviewed by the Board’s expert(s) and should comply with the Guidelines and Instructions below.

GUIDELINES AND INSTRUCTIONS:

- ONLY those applicants requesting non-standard testing accommodations should complete this Petition. Applicants who wish to request permission to bring an item into the exam that is not on the Allowed 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 an applicant for an accommodation. An applicant must demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADA/ADAAA, an applicant must show that the limitation on the major life activity is “substantial.” “Substantial” means “considerable” or “specified to a large degree.”

- An applicant will be compared to the average person in the general population in determining whether a disability substantially limits one or more of their major life activities.

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

- 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.

- Applicants may be required to submit to independent diagnostic testing at his/her expense by a licensed healthcare professional.

- Applicants requesting non-standard testing accommodations 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.

- Applicants must submit documentation from their physician(s) or licensed healthcare professional(s) that details the basis for the request. If additional time is being requested, the specific amount of additional time must be indicated.

- Forms must be typed and sworn to before a notary public.

- If the applicant’s Petition is illegible, incomplete, or does not substantiate the claimed disability, the request for accommodations may be denied.

- All inquiries in regard to an applicant’s Petition for Non-Standard Testing Accommodations must be in writing.

- After the Board has acted upon the applicant’s Petition, a written notice of the disposition will be mailed to the applicant approximately one month prior to the exam.

- 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 the Petition and accompanying documentation to permit the Board to reach a determination on the Petition.

I ACKNOWLEDGE: 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 expert(s) 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. __________ (initial here)
PETITION CHECKLIST for NON-STANDARD TESTING ACCOMMODATIONS

Form A
To be completed by ALL applicants who seek non-standard testing accommodations.

YES Form A - APPLICANT DISABILITY INFORMATION (required):

Forms B, C, D & E
To be completed by you and your healthcare professional for each claimed disability of YES.

YES Form B - PHYSICAL DISABILITY VERIFICATION
For each claim of Physical Disability marked Yes, a fully completed Form B is required.

NO Visually Impaired
NO Blind
NO Hearing Impaired
NO Deaf
YES Specific Orthopedic Disability
   Spondylosis
NO Specific Neurological Disability
NO Other physical disability/impairment not mentioned above

YES Form C - LEARNING DISABILITY VERIFICATION
For your claim of Learning Disability, a fully completed Form C is required.

Learning Disability (specify all)
   Dyslexia

YES Form D - ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) VERIFICATION
For your claim of Attention Deficit Hyperactivity Disorder (ADHD), a fully completed Form D is required.

YES Form E - PSYCHOLOGICAL DISABILITY VERIFICATION
For your claim of Psychological Disability, a fully completed Form E is required.
   Please Note: Test anxiety is not considered a disability.

Psychological Disability (specify all)
   Obsessive Compulsive Disorder

Form F & G
To be completed by you and your law school and/or bar admission official for each response of YES.

YES Form F - STATEMENT OF LAW SCHOOL ACCOMMODATIONS
YES Form G - STATEMENT OF BAR EXAM ACCOMMODATIONS
Form A – Applicant Disability Information  (To be completed by ALL Applicants)

The Virginia Board of Bar Examiners reserves the right to make final judgment concerning any and all testing accommodations and may have any and all documentation reviewed by a licensed healthcare professional.

1. Exam date  Month  February  Year  2019

Full Legal Name  Jane Smith Doe
Street  PO Box 123
City  Richmond
Daytime phone  (804) 555-3928
Email address  janesdoe@gmail.com

2. You must provide a detailed description of your specific disability for all accommodation requests made.

I have been diagnosed with Dyslexia, ADHD, Obsessive Compulsive Disorder (OCD), and Spondylosis. I have dealt with these issues all my life. Dyslexia is a learning disability that affects accurate and fluent word reading and spelling and causes me to have a slower comprehension rate and processing speed. ADHD causes me to need extra time because I get distracted very easily by any outside noise or external stimuli, and I constantly have to refocus on the task at hand. My OCD causes me significant stress and interferes with my ability to easily function, as I often feel the need to do things over and over again. In school, I read and re-read the same sentences over and over again, so reading for me is a much slower process. My spondylosis makes it difficult to sit for long periods of time, requiring me to move, stand and stretch regularly.
3. **Accommodations Request Chart**

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

Answer Yes for all non-standard testing accommodations you are requesting and provide the specific rationale for each accommodation requested.

I request the following non-standard testing accommodations:

<table>
<thead>
<tr>
<th>Requested</th>
<th>Accommodations</th>
<th>Specific rationale for accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Additional testing time</td>
<td>To receive additional time, you must provide the amount of time per session you are requesting and an explanation for such request on the Additional Time Request Chart.</td>
</tr>
<tr>
<td>NO</td>
<td>Large print testing materials</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Braille version of exam</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Use of magnifying glass or special visual aid/apparatus</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Assistance in filling in MBE grid (applicant must be present during gridding)</td>
<td>My dyslexia makes it difficult to distinguish between the small circles. I would like to circle my answers in the book and have someone fill in the MBE scoresheet.</td>
</tr>
<tr>
<td>NO</td>
<td>Use of sign language interpreter</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Use of a reader</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Transcriptionist/Court Reporter/Typist</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Audio CD version of exam</td>
<td></td>
</tr>
<tr>
<td>YES</td>
<td>Testing room with like-accommodated applicants</td>
<td>ADHD causes me to get distracted very easily by any outside noise or external stimuli (such as people fiddling in their chair or moving around a lot), and a smaller room with fewer people helps me not get as distracted. My spondylosis requires me to move around, and I need to be able to stand up and stretch.</td>
</tr>
<tr>
<td>NO</td>
<td>Private testing room</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Wheelchair accessibility</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>Other requests not listed above</td>
<td></td>
</tr>
</tbody>
</table>
Additional Time Request Chart

**Day 1 – Essay & Multiple Choice**
Consists of 9 Essay questions and 10 Multiple Choice questions divided into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to either handwrite or type their answers. Applicants who choose to handwrite their answers are provided booklets containing sheets of lined paper. Applicants who choose to type their answers using their laptop must register, pay, and download the required software.

**Morning Session** – consisting of 5 Essay questions in various subject matters.
- Additional Requested Time (Minutes): 90 minutes
- Standard Time (3 hrs = 180 minutes): 180 minutes
- **Total Time Requested for Essay Morning Session:** 270 minutes = 4.5 hours

**Afternoon Session** – consisting of 4 Essay questions and 10 Multiple Choice questions in various subject matters.
- Additional Requested Time (Minutes): 90 minutes
- Standard Time (3 hrs = 180 minutes): 180 minutes
- **Total Time Requested for Essay Afternoon Session:** 270 minutes = 4.5 hours

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 times and conditions.

ADHD causes me to need extra time because I get distracted very easily by any outside noise or external stimuli (such as people fiddling in their chair or moving around a lot), and I constantly have to refocus on the task at hand.

My dyslexia and OCD also cause me to need extra time for reading. The dyslexia slows me down because I have to read very slowly to ensure I am reading the words correctly, and my OCD causes me to read and re-read the same sentences over and over again, so reading for me is a much slower process.

I cannot sit for long periods of time due to my spondylosis. I am required to stand and stretch about every 30 minutes.

**Day 2 – Multistate Bar Exam**
Consists of 200 multiple choice Multistate Bar Exam (MBE) questions, which must be answered by using a pencil and bubbling in circles on a computer-graded grid sheet.

**Morning Session** – consisting of 100 multiple choice questions.
- Additional Requested Time (Minutes): 90 minutes
- Standard Time (3 hrs = 180 minutes): 180 minutes
- **Total Time Requested for MBE Morning Session:** 270 minutes = 4.5 hours

**Afternoon Session** – consisting of 100 multiple choice questions.
- Additional Requested Time (Minutes): 90 minutes
- Standard Time (3 hrs = 180 minutes): 180 minutes
- **Total Time Requested for MBE Afternoon Session:** 270 minutes = 4.5 hours

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 times and conditions.

ADHD causes me to need extra time because I get distracted very easily by any outside noise or external stimuli (such as people fiddling in their chair or moving around a lot), and I constantly have to refocus on the task at hand.

My dyslexia and OCD also cause me to need extra time for reading. The dyslexia slows me down because I have to read very slowly to ensure I am reading the words correctly, and my OCD causes me to read and re-read the same sentences over and over again, so reading for me is a much slower process.

I cannot sit for long periods of time due to my spondylosis. I am required to stand and stretch about every 30 minutes.
4. **Test/Exam History**

(A) History for standardized tests/exams (i.e., ACT, SAT, GMAT, GRE, LSAT, MPRE).

**NO**

(i) Have you ever taken the ACT?

**YES**

(ii) Have you ever taken the SAT?

<table>
<thead>
<tr>
<th>Test</th>
<th>Location</th>
<th>Month/Year</th>
<th>Accommodations requested?</th>
<th>Accommodations granted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAT</td>
<td>Richmond, VA</td>
<td>Mar 2003</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td><strong>Attachment</strong> a copy of the notice of granted/denied accommodations.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Attachment</strong> a copy of the official score report.</td>
<td></td>
</tr>
</tbody>
</table>

- **SAT**
  - Richmond, VA
  - Mar 2003
  - Accommodations requested: YES
  - Accommodations granted: YES

(iii) Have you ever taken the GMAT?

(iv) Have you ever taken the GRE?

**YES**

(v) Have you ever taken the LSAT?

<table>
<thead>
<tr>
<th>Test</th>
<th>Location</th>
<th>Month/Year</th>
<th>Accommodations requested?</th>
<th>Accommodations granted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSAT</td>
<td>Brooklyn, NY</td>
<td>Jan 2008</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- **LSAT**
  - Brooklyn, NY
  - Jan 2008
  - Accommodations requested: YES
  - Accommodations granted: YES

(vi) Have you ever taken the MPRE?

**YES**

<table>
<thead>
<tr>
<th>Exam</th>
<th>Location</th>
<th>Month/Year</th>
<th>Accommodations requested?</th>
<th>Accommodations granted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPRE</td>
<td>Brooklyn, NY</td>
<td>Jan 2012</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Did not submit all required documentation by the deadline.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Attachment</strong> a copy of the notice of granted/denied accommodations.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Attachment</strong> a copy of the official score report.</td>
<td></td>
</tr>
</tbody>
</table>

**B** Did you request non-standard testing accommodations while in college?

<table>
<thead>
<tr>
<th>College</th>
<th>Type of accommodation</th>
<th>Accommodations granted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooklyn University</td>
<td>Time and a half on all exams and a testing area with like-accommodated applicants.</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Attachment</strong> a copy of the notice of granted/denied accommodations.</td>
<td></td>
</tr>
</tbody>
</table>
Jane Smith Doe

Non-Standard Testing

February 2019

Did you request non-standard testing accommodations while in law school?

<table>
<thead>
<tr>
<th>Law School</th>
<th>Type of accommodation</th>
<th>Accommodations granted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brooklyn Law School</td>
<td>Time and a half on all exams and a testing area with like-accommodated applicants.</td>
<td>YES</td>
</tr>
</tbody>
</table>

- **Attach** a copy of the notice of granted/denied accommodations.
- **Form F must be completed** by a law school representative responsible for authorizing test accommodations.

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**YES** (D) I will submit copies of my undergraduate, postgraduate and law school transcripts. Please Note: These documents must be provided before the Board can consider your Petition.

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**YES** (E) Have you requested non-standard testing accommodations for another jurisdiction's bar exam?

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Type of accommodation</th>
<th>Accommodations granted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>Time and a half on all exams and a testing area with like-accommodated applicants.</td>
<td>NO</td>
</tr>
</tbody>
</table>

Explain why the testing authority denied your request:

- **Did not submit all documentation by the deadline.**

  - **Attach** a copy of the notice of granted/denied accommodations.
  - **Form G must be completed** by a bar admission official.

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Type of accommodation</th>
<th>Accommodations granted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine</td>
<td>Time and a half on all exams and a testing area with like-accommodated applicants.</td>
<td>NO</td>
</tr>
</tbody>
</table>

Explain why the testing authority denied your request:

- **Did not submit all documentation by the deadline.**

  - **Attach** a copy of the notice of granted/denied accommodations.
  - **Form G must be completed** by a bar admission official.

---

**YES** 5. Do you expect to register for the Laptop Program to type the essay portion of the examination?
6. By filing this Petition and required forms, I hereby:

YES Authorize the 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 as the Board may deem necessary to evaluate my Petition.

YES Release and forever discharge the Board and its employees, agents, and any persons to whom information may be provided pursuant to the Authorization and Release, from any and all claims, causes of action, liabilities, demands, lawsuits, or charges of any kind whatsoever, arising out of the furnishing or receipt of such information made by or on behalf of the Board.

YES Acknowledge that the Board reserves the right to make final judgment concerning any and all testing accommodations.

________________________
Signature of Applicant

========== SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC ==========

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 October 2018
APPLICANT DETAILS
Physical Disability (Orthopedic): Spondylosis

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

- **Initial diagnosis**: April 1998
- **Diagnosing healthcare professional**: Dr. Jones
- **Type of healthcare provider**: Orthopedist
- **Street**: 1045 Plank Road
- **City**: Richmond
- **Current phone number**: (804) 555-2121
- **State**: VA
- **ZIP**: 23220

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

My diagnosis was most recently confirmed or reassessed in **March 2017** by Dr. Jones

My disability is **Permanent**

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

- **Getting the dosage of my medication accurate.**

What treatment plan is currently being prescribed?

- **Pain medication, yoga, and physical therapy.**

**Form B** will print at the end of your Petition for Non-Standard Testing Accommodations. **Form B - HEALTHCARE PROFESSIONAL FORM** must be completed by your current healthcare professional and returned to you for submission with your Petition for Non-Standard Testing Accommodations.

I will send **Form B** to:

- **Dr. Jones**
APPLICANT DETAILS
Learning Disability: Dyslexia

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

Initial diagnosis: September 1995
Diagnosing healthcare professional: Dr. Morris
Type of healthcare provider: Psychologist
Street: 15 Locale Avenue
City: Richmond
State: VA
ZIP: 23226
Current phone number: (804) 555-8888

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

My diagnosis was most recently confirmed or reassessed in March 2017 by Dr. Morris

My disability is Permanent

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

I wanted to be re-evaluated to see if my condition had changed. It had not.

What treatment plan is currently being prescribed?

Practicing my reading and comprehension skills.

Form C will print at the end of your Petition for Non-Standard Testing Accommodations. Form C - HEALTHCARE PROFESSIONAL FORM must be completed by your current healthcare professional and returned to you for submission with your Petition for Non-Standard Testing Accommodations.

I will send Form C to:

Dr. Morris
APPLICANT DETAILS
Attention Deficit Hyperactivity Disorder (ADHD)

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

Initial diagnosis: December 2007
Diagnosing healthcare professional: Jane Johnson, PhD
Type of healthcare provider: Psychiatrist
Street: 100 Brooklyn Way
City: Brooklyn
Current phone number: (212) 456-1876

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

Current healthcare professional: Dr. Morris
Type of healthcare provider: Psychologist
Street: 15 Locale Avenue
City: Richmond
Current phone number: (840) 555-8888

My diagnosis was most recently confirmed or reassessed in March 2017 by Dr. Morris

My disability is Permanent

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

Getting the dosage of my medication accurate.

What treatment plan is currently being prescribed?

ADHD medication and practicing organizational skills.

Form D will print at the end of your Petition for Non-Standard Testing Accommodations. Form D - HEALTHCARE PROFESSIONAL FORM must be completed by your current healthcare professional and returned to you for submission with your Petition for Non-Standard Testing Accommodations.

I will send Form D to:

Dr. Morris
APPLICANT DETAILS
Psychological Disability: Obsessive Compulsive Disorder

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

Initial diagnosis: December 2007
Diagnosing healthcare professional: Jane Johnson, PhD
Type of healthcare provider: Psychiatrist
Street: 100 Brooklyn Way
City: Brooklyn
Current phone number: (212) 456-1876

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

Current healthcare professional: Dr. Morris
Type of healthcare provider: Psychologist
Street: 15 Locale Avenue
City: Richmond
Current phone number: (804) 555-8888

My diagnosis was most recently confirmed or reassessed in March 2017 by Dr. Morris.

My disability is Permanent.

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

Getting the dosage of my medication accurate.

What treatment plan is currently being prescribed?

Medication and cognitive behavioral therapy.

Form E will print at the end of your Petition for Non-Standard Testing Accommodations. Form E - HEALTHCARE PROFESSIONAL FORM must be completed by your current healthcare professional and returned to you for submission with your Petition for Non-Standard Testing Accommodations.

I will send Form E to:

Dr. Morris
Form B – PHYSICAL DISABILITY VERIFICATION

- **APPLICANT AUTHORIZATION** (must be signed and notarized before submitting the entire Form B to your licensed healthcare professional for completion).
- **HEALTHCARE PROFESSIONAL FORM** (must be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability).

### APPLICANT AUTHORIZATION

Applicant’s Name: Jane Smith Doe  
Date of Birth: January 1, 1985  SSN: XXX-XX-9999  
Form B: Physical Disability: Orthopedic Disability: Spondylosis

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

========== SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC ==========  
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 ,  
Registration Number (if applicable)  
NOTARY SEAL (must be affixed)  

Notary Public

Revised October 2018
Form B – PHYSICAL DISABILITY VERIFICATION

HEALTHCARE PROFESSIONAL FORM

I. Qualifications of the Licensed Healthcare Professional

Petition for Non-Standard Testing Accommodations for Jane Smith Doe (Applicant)

Licensed healthcare professional

Dr. Jones

Street

1045 Plank Road

City

Richmond

Phone number

(804) 555-2121

State

VA

Fax number

ZIP

23220

NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form B - Physical Disability Verification) is also available on the Virginia Board of Bar Examiners' website (barexam.virginia.gov/bar/barnstforms.html). Legibly print or type your responses. Return this completed form to the Applicant for submission to the Board for consideration of the Applicant’s request for test accommodations.

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

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

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

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

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

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

Return the completed form to the Applicant for submission to the Board for consideration of the Applicant’s request for test accommodations.
Is the Applicant’s claimed disability within your field of expertise?  ____ Yes  ____ No
If yes, please describe the credentials which qualify you to diagnose and/or verify the Applicant’s disability.

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

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II. Information Concerning the 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 disability?  ____________________________

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: You must attach to this form or provide directly to the Board any and all tests, assessments, notes, or other records relating to the Applicant's disability.

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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 of the Applicant?

________________________________________________________________________

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 and state the effect of the treatment on the disability.

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

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TO BE COMPLETED BY LICENSED HEALTHCARE PROFESSIONAL
10. Summarize any negative effects the Applicant has experienced with this medication, emphasizing any which will affect his/her performance on the Virginia Bar Examination.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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 is likely to abate.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

14. If you based your recommendations regarding additional testing time on the Applicant’s reduced handwriting/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/types as compared to that of a person without the Applicant’s disability.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
15. Is there any medical or scientific study which provides 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 the Applicant.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

III. Complete Attachments

1. ACCOMMODATIONS REQUEST CHART; if applicable
2. ADDITIONAL TIME REQUEST CHART; 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 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 West Broad Street, Suite 101, Richmond, VA  23220. I understand that the Applicant’s request for non-standard testing accommodations will not be processed without these records, causing him/her to make a choice to take the Virginia Bar Exam under standard testing conditions or to delay taking the Virginia Bar Exam until the Petition is complete.

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

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

__________________________________________________________
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(s) and may require additional documentation and/or testing.

Revised October 2018
Accommodations Request Chart

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

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

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<th>Specific rationale for accommodation</th>
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<td></td>
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<td>_____ YES</td>
<td>Wheelchair accessibility</td>
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</tr>
<tr>
<td>_____ YES</td>
<td>Other requests not listed above</td>
<td></td>
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Revised October 2018
**Day 1 – Essay & Multiple Choice**

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

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

<table>
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<tr>
<th>Additional Requested Time (Minutes)</th>
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<tbody>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
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</tr>
<tr>
<td><strong>Total Time Requested for Essay Morning Session:</strong></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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

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</thead>
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<td>Standard Time (3 hrs = 180 minutes)</td>
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</tr>
<tr>
<td><strong>Total Time Requested for Essay Afternoon Session:</strong></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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

---

**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.

<table>
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<tbody>
<tr>
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<td>180</td>
</tr>
<tr>
<td><strong>Total Time Requested for MBE Morning Session:</strong></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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

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</thead>
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<tr>
<td><strong>Total Time Requested for MBE Afternoon Session:</strong></td>
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</tr>
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</table>

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

---

Revised October 2018
Form C – LEARNING DISABILITY VERIFICATION

- **APPLICANT AUTHORIZATION** (must be signed and notarized before submitting the entire Form C to your licensed healthcare professional for completion).
- **HEALTHCARE PROFESSIONAL FORM** (must be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability).

APPLICANT AUTHORIZATION

Applicant’s Name: Jane Smith Doe

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

Form C: Learning Disability: Dyslexia

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

========== SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC =========

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 ______________________          _______ ,  __________

Registration Number (if applicable) __________________

NOTARY SEAL (must be affixed) __________________

Revised October 2018
I. Qualifications of the Licensed Healthcare Professional

Petition for Non-Standard Testing Accommodations for Jane Smith Doe (Applicant)

Licensed healthcare professional: Dr. Morris
Street: 15 Locale Avenue
City: Richmond
State: VA
ZIP: 23226
Phone number: (804) 555-8888
Fax number: 

Name of licensing entity: 
License/Certification number: 
Occupation/Specialty: 

NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:
For your convenience, a fillable PDF version of this form (Form C – Learning Disability Verification) is also available on the Virginia Board of Bar Examiners' website (barexam.virginia.gov/bar/barnstforms.html). Legibly print or type your responses. Return this completed form to the Applicant for submission to the Board for consideration of the Applicant’s request for test accommodations.

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

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

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

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

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

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

Return the completed form to the Applicant for submission to the Board for consideration of the Applicant’s request for test accommodations.
Is the Applicant’s claimed disability within your field of expertise?  ____ Yes  ____ No
If yes, please describe the credentials which qualify you to diagnose and/or verify the Applicant’s disability.

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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:

- An account of a thorough diagnostic interview that summarizes relevant components of the individual’s developmental, medical, family, social and educational history.
- 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).
- 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.
- A specific diagnostic statement. That statement should not include nonspecific terms such as “learning differences,” “learning styles,” or “academic problems.”
- A rationale based on diagnostic information presented for each accommodation recommended (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.

**Aptitude/Cognitive Ability**

- Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) (including IQ, Index, scaled scores and percentiles)

**Achievement**

- Wechsler Individual Achievement Test-Third Edition (WIAT-III)
- 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-Second Edition (TOWRE-2) Test of oral reading efficiency only
- The Wide Range Achievement Test-Third Edition (WRAT-3)

Please Note: The TOWRE-2 and WRAT-3 are not comprehensive measures of academic achievement and should not be used as the sole measures in this area.
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.

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

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

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

5. Is there any objective evidence that the recommended testing accommodations have facilitated the Applicant’s test performance in the past?  ____ Yes  ____ No
If yes, please explain.

________________________________________________________________________

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6. Is there any medical or scientific study which provides 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

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VI. Licensed Healthcare Professional’s Certification

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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(s) and may require additional documentation and/or testing.

Revised October 2018
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<td>YES</td>
<td>Other requests not listed above</td>
<td></td>
</tr>
</tbody>
</table>

Revised October 2018
### Additional Time Request Chart

#### Day 1 – Essay & Multiple Choice

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

<table>
<thead>
<tr>
<th>Morning Session – consisting of 5 Essay questions in various subject matters.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Requested Time (Minutes)</td>
</tr>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
</tr>
<tr>
<td><strong>Total Time Requested for Essay Morning Session:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Afternoon Session – consisting of 4 Essay questions and 10 Multiple Choice questions in various subject matters.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Requested Time (Minutes)</td>
</tr>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
</tr>
<tr>
<td><strong>Total Time Requested for Essay Afternoon Session:</strong></td>
</tr>
</tbody>
</table>

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

---

#### 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.

<table>
<thead>
<tr>
<th>Morning Session – consisting of 100 multiple choice questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Requested Time (Minutes)</td>
</tr>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
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<tr>
<td><strong>Total Time Requested for MBE Morning Session:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Afternoon Session – consisting of 100 multiple-choice questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Requested Time (Minutes)</td>
</tr>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
</tr>
<tr>
<td><strong>Total Time Requested for MBE Afternoon Session:</strong></td>
</tr>
</tbody>
</table>

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

---

Revised October 2018
Form D – ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) VERIFICATION

- **APPLICANT AUTHORIZATION** (must be signed and notarized before submitting the entire Form D to your licensed healthcare professional for completion).
- **HEALTHCARE PROFESSIONAL FORM** (must be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability).

### APPLICANT AUTHORIZATION

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

======== SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC ========

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

Petition for Non-Standard Testing Accommodations for Jane Smith Doe (Applicant)

Licensed healthcare professional

Dr. Morris
15 Locale Avenue
Richmond, VA
(840) 555-8888

Fax number

Phone number

State VA

License/Certification number

Name of licensing entity

NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

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

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

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

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

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

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

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

Return the completed form to the Applicant for submission to the Board for consideration of the Applicant’s request for test accommodations.
Is the Applicant’s claimed disability within your field of expertise? ____ Yes  ____ No
If yes, please describe the credentials which qualify you to diagnose and/or verify the Applicant’s disability.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

II. Diagnostic Information Concerning the Applicant

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

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

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

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

Provide a comprehensive evaluation that addresses all five points above and specify the severity level of the Applicant’s ADHD as mild, moderate, or severe.
1. Provide the date the Applicant was first diagnosed with ADHD.

2. Provide the date of your last complete evaluation of the Applicant.

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

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

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

6. Are these self-reported symptoms of ADHD (Question 4), and the evidence of symptoms which interfere with or reduce the quality of his/her social, academic, or occupational functioning (Question 5), supported by information other than the Applicant’s self-report (job evaluations, recent teacher evaluation, interviews with significant others)?  ____ Yes  ____ No
   If yes, briefly describe.
7. Does the Applicant meet full DSM-V criteria for (check which diagnosis applies):
   - ADHD, Combined Presentation
   - ADHD, Predominantly Inattentive Presentation
   - ADHD, Predominantly Hyperactive-Impulsive Presentation
   - ADHD, Other Specified or Unspecified Impulsive Presentation

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

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

III. Formal Testing

1. ADHD questionnaires and checklists (Wender-Utah, BAADS, etc.) are helpful to quantify self-reported ADHD symptoms, but cannot be used to the exclusion of interview and collateral information describing and documenting past and current symptoms.
   Were ADHD questionnaires and/or ADHD checklists completed?  ____ Yes  ____ No

2. Objective personality/psychopathology tests are not essential if not indicated. However, they can be helpful to describe the Applicant’s emotional status and rule out other psychological problems. If not used, there should be a clear explanation why they were not deemed necessary to rule out other potential explanations for reported ADHD symptoms. Please Note: In evaluating the Applicant's Petition for Non-Standard Testing Accommodations, the Board may require such tests.
   Was psychological testing completed?  ____ Yes  ____ No
   If yes, briefly describe how the findings support an ADHD diagnosis. If no, explain why testing was not deemed necessary to rule out other psychiatric diagnoses.
3. Cognitive test results cannot be used as the sole indication of an ADHD diagnosis independent of history and interview. However, these test findings often augment the ADHD evaluation and should be reported. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems, and to assess the severity of cognitive deficits associated with ADHD (inattention, working memory, etc.). In general, the Applicant who has completed law school, reporting academic distress secondary to ADHD symptoms, should demonstrate at least average to above average intelligence.

Was cognitive testing performed?  ____ Yes  ____ No

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

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.

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.

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

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

V. Complete Attachments

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

VI. Licensed Healthcare Professional’s Certification

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

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

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

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(s) and may require additional documentation and/or testing.

Revised October 2018
Accommodations Request Chart

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

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

<table>
<thead>
<tr>
<th>Check all that apply</th>
<th>Accommodations</th>
<th>Specific rationale for accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ YES</td>
<td>Additional testing time</td>
<td>To receive additional time, provide the amount of time per session on the Additional Time Request Chart.</td>
</tr>
</tbody>
</table>
| ______ 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           | Testing room with like-accommodated applicants | |
| ______ YES           | Private testing room | |
| ______ YES           | Wheelchair accessibility | |
| ______ YES           | Other requests not listed above  
|                      | _______________________________ | |

Revised October 2018
### Day 1 – Essay & Multiple Choice

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

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

<table>
<thead>
<tr>
<th>Additional Requested Time (Minutes)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
<td>180 minutes</td>
</tr>
<tr>
<td><strong>Total Time Requested for Essay Morning Session:</strong></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Additional Requested Time (Minutes)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
<td>180 minutes</td>
</tr>
<tr>
<td><strong>Total Time Requested for Essay Afternoon Session:</strong></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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

---

### 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.

<table>
<thead>
<tr>
<th>Additional Requested Time (Minutes)</th>
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</tr>
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<tbody>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
<td>180 minutes</td>
</tr>
<tr>
<td><strong>Total Time Requested for MBE Morning Session:</strong></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Additional Requested Time (Minutes)</th>
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</thead>
<tbody>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
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<tr>
<td><strong>Total Time Requested for MBE Afternoon Session:</strong></td>
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Provide an explanation as to how the specific aspect(s) of the applicant's claimed disability affects their ability to take the Multistate (MBE) portion of the Virginia Bar Exam under standard testing times and conditions.

---

Revised October 2018
Form E – PSYCHOLOGICAL DISABILITY VERIFICATION

- APPLICANT AUTHORIZATION (must be signed and notarized before submitting the entire Form E to your licensed healthcare professional for completion).
- HEALTHCARE PROFESSIONAL FORM (must be completed by the licensed healthcare professional who is/was most recently involved in the treatment of your disability).

**APPLICANT AUTHORIZATION**

Applicant’s Name: Jane Smith Doe  
Date of Birth: January 1, 1985  
SSN: XXX-XX-9999

Form E: Psychological Disability: Obsessive Compulsive Disorder

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

========== SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC ==========  
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 ____________, ________  
Registration Number (if applicable)  
NOTARY SEAL (must be affixed)

Revised October 2018
Form E – PSYCHOLOGICAL DISABILITY VERIFICATION

HEALTHCARE PROFESSIONAL FORM

I. Qualifications of the Licensed Healthcare Professional

Petition for Non-Standard Testing Accommodations for

Jane Smith Doe (Applicant)

Licensed healthcare professional

Dr. Morris

Street

15 Locale Avenue

City

Richmond

Street

15 Locale Avenue

State

VA

ZIP

23226

Phone number

(804) 555-8888

Fax number


NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form E – Psychological Disability Verification) is also available on the Virginia Board of Bar Examiners’ website (barexam.virginia.gov/bar/barnstforms.html). Legibly print or type your responses. Return this completed form to the Applicant for submission to the Board for consideration of the Applicant’s request for test accommodations.

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

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

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

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

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

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

Return the completed form to the Applicant for submission to the Board for consideration of the Applicant’s request for test accommodations.
Is the Applicant’s claimed disability within your field of expertise?  ____ Yes  ____ No
If yes, please describe the credentials which qualify you to diagnose and/or verify the Applicant’s disability.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

II. Psychological Disability

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. When was the Applicant first diagnosed with this disability?  __________________________

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.

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________
4. Briefly describe the Applicant’s current self-reported symptoms of his/her mental or psychological disability.

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
6. What other diagnoses were considered?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
7. How were other diagnoses ruled out?

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
9. Is the Applicant being treated for the disability?  ____ Yes  ____ No
   a. If yes, briefly describe treatment.
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________
      ________________________________________________________________

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

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

10. What remediation techniques have been attempted to alleviate the Applicant’s impairment during tests? Have they worked?
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

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.
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
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.
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________

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

III. Complete Attachments

1. ACCOMMODATIONS 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 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 West Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant’s request for non-standard testing accommodations will not be processed without these records, causing him/her to make a choice to take the Virginia Bar Exam under standard testing conditions or to delay taking the Virginia Bar Exam until the Petition is complete.**

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

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

__________________________
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(s) and may require additional documentation and/or testing.

Revised October 2018
Accommodations Request Chart

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

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<td>To receive additional time, provide the amount of time per session on the Additional Time Request Chart.</td>
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<tr>
<td>_____ YES</td>
<td>Large print testing materials</td>
<td></td>
</tr>
<tr>
<td>18 pt</td>
<td>24 pt</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Braille version of exam</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Use of magnifying glass or special visual aid/apparatus</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Assistance in filling in MBE grid</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Use of sign language interpreter</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Use of a reader</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Transcriptionist/Court Reporter/Typist</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Audio CD version of exam</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Testing room with like-accommodated applicants</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Private testing room</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Wheelchair accessibility</td>
<td></td>
</tr>
<tr>
<td>_____ YES</td>
<td>Other requests not listed above</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised October 2018
# Additional Time Request Chart

**Day 1 – Essay & Multiple Choice**

Consists of 9 Essay questions and 10 Multiple Choice questions divided into Morning and Afternoon sessions.

Standard sessions are 3 hours (180 minutes) each. Applicants can choose to either handwrite or type their answers. Applicants who choose to handwrite their answers are provided booklets containing sheets of lined paper. Applicants who choose to type their answers using their laptop must register, pay, and download the required software.

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

<table>
<thead>
<tr>
<th>Additional Requested Time (Minutes)</th>
<th>minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
<td>180</td>
</tr>
<tr>
<td><strong>Total Time Requested for Essay Morning Session:</strong></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Additional Requested Time (Minutes)</th>
<th>minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
<td>180</td>
</tr>
<tr>
<td><strong>Total Time Requested for Essay Afternoon Session:</strong></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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

---

**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.

<table>
<thead>
<tr>
<th>Additional Requested Time (Minutes)</th>
<th>minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
<td>180</td>
</tr>
<tr>
<td><strong>Total Time Requested for MBE Morning Session:</strong></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Additional Requested Time (Minutes)</th>
<th>minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Time (3 hrs = 180 minutes)</td>
<td>180</td>
</tr>
<tr>
<td><strong>Total Time Requested for MBE Afternoon Session:</strong></td>
<td>minutes</td>
</tr>
</tbody>
</table>

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

---

Revised October 2018

TO BE COMPLETED BY LICENSED HEALTHCARE PROFESSIONAL
Form F – STATEMENT OF LAW SCHOOL ACCOMMODATIONS

- **APPLICANT AUTHORIZATION** (must be signed and notarized before submitting the entire Form F to your law school for completion).
- **LAW SCHOOL REPRESENTATIVE FORM** (must be completed by a law school representative responsible for authorizing test accommodations).

### APPLICANT AUTHORIZATION

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

==SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC==

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  
My commission expires on  
Registration Number (if applicable)  
NOTARY SEAL (must be affixed)

---

Revised October 2018
Petition for Non-Standard Testing Accommodations for Jane Smith Doe (Applicant)

I, __________________________, as __________________________ (Title)

affirm that my position at __________________________ (Name of Law School)

is such that it is my responsibility to authorize testing accommodations requested by students.

Disability claimed by the Applicant: __________________________________________________________

While in attendance at this law school, the Applicant was _____ granted and/or _____ denied the following test accommodations:

If the Applicant was granted any accommodation(s), state below all accommodations granted and reasons therefor.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

If the Applicant was denied any accommodation(s), state below all accommodations denied and reasons therefor.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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

_____ Yes _____ No  If yes, attach a copy of the expert’s report.

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

_____ Yes _____ No  ____ Information not available

_________________________________________  ________________________________
Official's Signature  Date
# Form G – STATEMENT OF BAR EXAM ACCOMMODATIONS

- **APPLICANT AUTHORIZATION** (must be signed and notarized before submitting the entire Form G to your bar admission official for completion).
- **BAR ADMISSION OFFICIAL FORM** (must be completed by a bar admission official).

## APPLICANT AUTHORIZATION

**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** ________________ ____________ , ____________  

 Registration Number (if applicable) ____________  
NOTARY SEAL (must be affixed)  

---

Revised October 2018
Form G – STATEMENT OF BAR EXAM ACCOMMODATIONS

BAR ADMISSION OFFICIAL FORM

NOTICE TO BAR ADMISSION OFFICIAL:
For your convenience, a fillable PDF version of this form (Form G – Statement of Bar Exam Accommodations) is also available on the Virginia Board of Bar Examiners’ website (barexam.virginia.gov/bar/barnstforms.html). Legibly print or type your responses. Return this completed form to the Applicant for submission to the Board for consideration of the Applicant’s request for test accommodations.

Petition for Non-Standard Testing Accommodations for ___________________________ (Applicant)
I, ____________________________, as _____________________________ (Title)
affirm that my position at _____________________________ (Name of Bar Exam Jurisdiction)
is such that it is my responsibility to authorize testing accommodations requested by applicants.

Disability claimed by the Applicant:

The Applicant requested accommodations for the following bar examination(s) _____________________________
________________________________________________________________________________________, and
was _____ granted and/or _____ denied the following test accommodations:

If the Applicant was granted any accommodation(s), state below all accommodations granted and reasons therefor.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

If the Applicant was denied any accommodation(s), state below all accommodations denied and reasons therefor.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Was the Applicant’s request for accommodation(s) reviewed by an independent expert in the claimed disability?

_____ Yes   _____ No   If yes, attach a copy of the expert’s report.

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

_____ Yes   _____ No   ____ Information not available

_________________________ ____________________________
Official’s Signature        Date