

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.

VIRGINIA BOARD OF BAR EXAMINERS
2201 West Broad Street
Suite 101
Richmond, Virginia 23220-2022
804-367-0412

NCBE - N12345678
 NST – YES

Processor:

OFFICE USE ONLY

Revised October 2018

Version 5.1 - Submitted November 17, 2020 - 19994

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 and to make necessary arrangements at the examination site. If the Petition is complete and the claimed disability substantiated, the Board will accommodate the applicant on a space available basis, or the applicant may carry forward his/her application in accordance with Section VI of the Rules of the Board.

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

Forms F & G

To be completed by you and your law school representative 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 this documentation reviewed by a licensed healthcare professional.

1. Exam date Month **February** Year **2021**

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

State **VA** ZIP **23226**
County **Henrico**
Work phone **(804) 555-1212**

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:

Requested	Accommodations	Specific rationale for accommodation
YES	Additional testing time	To receive additional time, you must provide the amount of time per session you are requesting and an explanation for such request on the Additional Time Request Chart .
NO	Large print testing materials	
NO	Braille version of exam	
NO	Use of magnifying glass or special visual aid/apparatus	
YES	Assistance in filling in MBE grid (applicant must be present during gridding)	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.
NO	Use of sign language interpreter	
NO	Use of a reader	
NO	Transcriptionist/Court Reporter	
NO	Audio CD version of exam	
NO	Electronic version of exam (Software details required)	
YES	Testing room with like-accommodated applicants	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.
NO	Private testing room	
NO	Wheelchair accessibility	
YES	Medication	ADHD Medication
NO	Other requests not listed above	

Additional Time Request Chart

Day 1 – Essay & Multiple Choice

Consists of 9 Essay questions and 10 Multiple Choice questions 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?

Test	Location	Month/Year	Accommodations requested?	Accommodations granted?
SAT	Richmond, VA	Mar 2003	YES	YES

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

Test	Location	Month/Year	Accommodations requested?	Accommodations granted?
SAT	Richmond, VA	Oct 2002	NO	N/A

Explain why you did not request an accommodation:

I was instructed by my teachers to first attempt the SAT without any testing accommodations.

- **Attach** a copy of the official score report.

NO

(iii) Have you ever taken the GMAT?

NO

(iv) Have you ever taken the GRE?

YES

(v) Have you ever taken the LSAT?

Test	Location	Month/Year	Accommodations requested?	Accommodations granted?
LSAT	Brooklyn, NY	Jan 2008	YES	YES

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

YES

(vi) Have you ever taken the MPRE?

Exam	Location	Month/Year	Accommodations requested?	Accommodations granted?
MPRE	Brooklyn, NY	Jan 2012	YES	NO

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

Did not submit all required documentation by the deadline.

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

YES

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

College	Type of accommodation	Accommodations granted?
Brooklyn University	Time and a half on all exams and a testing area with like-accommodated applicants.	YES

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

YES

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

Law School

Type of accommodation

Accommodations
granted?**Brooklyn Law School****Time and a half on all exams and a testing area with like-accommodated applicants.****YES**

- **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.

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.

NO

(E) Have you ever previously applied to take the Virginia bar exam?

YES

(F) Have you ever applied for another jurisdiction's bar exam?

YES

(i) Did you request non-standard testing accommodations?

Jurisdiction

Type of accommodation

Accommodations
granted?**New York****Time and a half on all exams and a testing area with like-accommodated applicants.****NO**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.

Jurisdiction

Type of accommodation

Accommodations
granted?**Maine****Time and a half on all exams and a testing area with like-accommodated applicants.****NO**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)

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	State	VA
Current phone number	(804) 555-2121	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
Current phone number	(804) 555-8888	ZIP	23226

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**

State **NY** ZIP **11209**

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**

State **VA** ZIP **23226**

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**

State **NY** ZIP **11209**

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**

State **VA** ZIP **23226**

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 _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

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	State	VA	ZIP 23220
Phone number	(804) 555-2121	Fax number		
Occupation/Specialty	/			
License/Certification number				
Name of licensing entity				

NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form 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.

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. Information Concerning the Applicant's 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. 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.

(If you need more space, continue on a separate page)

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

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.)?

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

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

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.

Check all that apply	Accommodations	Specific rationale for accommodation
____ YES	Additional testing time	To receive additional time, provide the amount of time per session on the Additional Time Request Chart .
____ 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	
____ YES	Audio CD version of exam	
____ YES	Electronic version of exam (Software details required)	
____ YES	Testing room with like-accommodated applicants	
____ YES	Private testing room	
____ YES	Wheelchair accessibility	
____ YES	Medication	
____ YES	Other requests not listed above _____	

Revised October 2020

Additional Time Request Chart

Day 1 – Essay & Multiple Choice

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

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

Additional Requested Time (Minutes) _____ minutes

Standard Time (3 hrs = 180 minutes) _____ 180 minutes

Total Time Requested for Essay Morning Session: _____ minutes

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

Additional Requested Time (Minutes) _____ minutes

Standard Time (3 hrs = 180 minutes) _____ 180 minutes

Total Time Requested for Essay Afternoon Session: _____ minutes

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

Day 2 – Multistate Bar Exam

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

Morning Session – consisting of 100 multiple choice questions.

Additional Requested Time (Minutes) _____ minutes

Standard Time (3 hrs = 180 minutes) _____ 180 minutes

Total Time Requested for MBE Morning Session: _____ minutes

Afternoon Session – consisting of 100 multiple-choice questions.

Additional Requested Time (Minutes) _____ minutes

Standard Time (3 hrs = 180 minutes) _____ 180 minutes

Total Time Requested for MBE Afternoon Session: _____ minutes

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

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 _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

Form C – LEARNING 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**
Phone number **(804) 555-8888**

State **VA**ZIP **23226**

Fax number _____

Occupation/Specialty _____

License/Certification number _____

Name of licensing entity _____

NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form 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.

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

In order to be entitled to accommodations based on a learning disability, the individual must provide documentation, at his/her expense, establishing that: 1) he/she has a learning disability that substantially limits a major life activity, and 2) the learning disability results in functional limitations that require accommodations in order to take the examination on an equal basis with other applicants for the examination. The evaluation must:

- Have been administered within the last five (5) years and after the Applicant's eighteenth (18th) birthday.
- Document an information processing deficit.
- Certify that the Applicant's aptitude is within the average or above-average range.
- Identify a significant discrepancy in aptitude-achievement, as well as in processing measures; such discrepancies cannot be obtained from a single subtest.
- Document that the Applicant is substantially limited in a major life activity.

Date of last evaluation/assessment of the Applicant. _____

Provide a concise description of your diagnosis (please include the specific DSM-V diagnosis).

(If you need more space, continue on a separate page)

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)
- Woodcock-Johnson-Fourth Edition "Tests of Cognitive Abilities" (WJ-IV COG: subtests 1-7 minimum)

Achievement

- Woodcock-Johnson-Fourth Edition "Tests of Achievement" (WJ-IV Basic Battery subtests 1-11 minimum)
- Wechsler Individual Achievement Test-Third Edition (WIAT-III)
- 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.

Information Processing

- ☐ Wechsler Memory Scale-Fourth Edition (WMS-IV)
- ☐ Comprehensive Test of Phonological Processing-Second Edition (CTOPP-2)
- ☐ Test of Adolescent/Adult Wordfinding-Second Edition (TAWF-2)
- ☐ Information from subtest, index and/or cluster scores on the Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV) (Working Memory; Perceptual Organization; Processing Speed) and/or the Woodcock-Johnson-Fourth Edition (WJ-IV) "Tests of Cognitive Abilities"; (processing clusters appropriate to document individual's areas of weakness) as well as other appropriate neuropsychological instruments that relate to areas of concern within the applicant's individual profile.

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.

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 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.

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 C copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to Form C for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 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.

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.

Check all that apply	Accommodations	Specific rationale for accommodation
____ YES	Additional testing time	To receive additional time, provide the amount of time per session on the Additional Time Request Chart .
____ 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	
____ YES	Audio CD version of exam	
____ YES	Electronic version of exam (Software details required)	
____ YES	Testing room with like-accommodated applicants	
____ YES	Private testing room	
____ YES	Wheelchair accessibility	
____ YES	Medication	
____ YES	Other requests not listed above _____	

Revised October 2020

Additional Time Request Chart

Day 1 – Essay & Multiple Choice

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

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

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

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

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

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

Day 2 – Multistate Bar Exam

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

Morning Session – consisting of 100 multiple choice questions.

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

Afternoon Session – consisting of 100 multiple-choice questions.

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

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

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)

Form D – ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) VERIFICATION

HEALTHCARE PROFESSIONAL FORM

I. Qualifications of the Licensed Healthcare Professional

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

Licensed healthcare professional **Dr. Morris**

Street **15 Locale Avenue**

City **Richmond**

State **VA**

ZIP **23226**

Phone number **(840) 555-8888**

Fax number

Occupation/Specialty

/

License/Certification number

Name of licensing entity

NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form D – Attention Deficit Hyperactivity Disorder (ADHD) Verification) is also available on the Virginia Board of Bar Examiners' website (barexam.virginia.gov/bar/barnstforms.html). 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 Hyperactive-
Impulsive Presentation

☐ ADHD, Predominantly Inattentive Presentation
☐ ADHD, Other Specified or Unspecified

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.

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.

Check all that apply	Accommodations	Specific rationale for accommodation
____ YES	Additional testing time	To receive additional time, provide the amount of time per session on the Additional Time Request Chart .
____ 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	
____ YES	Audio CD version of exam	
____ YES	Electronic version of exam (Software details required)	
____ YES	Testing room with like-accommodated applicants	
____ YES	Private testing room	
____ YES	Wheelchair accessibility	
____ YES	Medication	
____ YES	Other requests not listed above _____	

Revised October 2020

Additional Time Request Chart

Day 1 – Essay & Multiple Choice

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

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

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

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

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

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

Day 2 – Multistate Bar Exam

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

Morning Session – consisting of 100 multiple choice questions.

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

Afternoon Session – consisting of 100 multiple-choice questions.

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

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

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 _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

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**
Phone number **(804) 555-8888**

State **VA**ZIP **23226**

Fax number _____

Occupation/Specialty _____

License/Certification number _____

Name of licensing entity _____

NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form 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.

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.

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.

Check all that apply	Accommodations	Specific rationale for accommodation
____ YES	Additional testing time	To receive additional time, provide the amount of time per session on the Additional Time Request Chart .
____ 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	
____ YES	Audio CD version of exam	
____ YES	Electronic version of exam (Software details required)	
____ YES	Testing room with like-accommodated applicants	
____ YES	Private testing room	
____ YES	Wheelchair accessibility	
____ YES	Medication	
____ YES	Other requests not listed above _____	

Revised October 2020

Additional Time Request Chart

Day 1 – Essay & Multiple Choice

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

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

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

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

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

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

Day 2 – Multistate Bar Exam

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

Morning Session – consisting of 100 multiple choice questions.

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

Afternoon Session – consisting of 100 multiple-choice questions.

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

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

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 AUTHORIZATIONApplicant'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 _____ day of _____, _____

My commission expires on _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

Form F – STATEMENT OF LAW SCHOOL ACCOMMODATIONS**LAW SCHOOL REPRESENTATIVE FORM****NOTICE TO LAW SCHOOL REPRESENTATIVE:**

For your convenience, a fillable PDF version of this form (Form F – Statement of Law School 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 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 AUTHORIZATIONApplicant'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 _____ day of _____, _____

My commission expires on _____, _____

Notary Public

Registration Number (if applicable) _____

NOTARY SEAL (must be affixed)

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 Jane Smith Doe (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