

Form B – PHYSICAL DISABILITY VERIFICATION

HEALTHCARE PROFESSIONAL FORM

I. Qualifications of the Licensed Healthcare Professional

Petition for Non-Standard Testing Accommodations for _____ (Applicant)

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

NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

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

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

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

| Check all that apply | Accommodations | Specific rationale for accommodation |
|----------------------|--|--|
| ____ YES | Additional testing time | To receive additional time, provide the amount of time per session on the 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 bubbling the MBE scantron answer sheet (applicant will circle answers in their MBE booklet) | |
| ____ YES | Use of sign language interpreter | |
| ____ YES | Use of a reader | |
| ____ YES | Transcriptionist/Court Reporter | |
| ____ YES | Audible computerized version of the exam questions | |
| ____ YES | Use of dictation or speech to text software for transcribing the exam answers | |
| ____ YES | *Private testing room | |
| ____ YES | Wheelchair accessibility | |
| ____ YES | Medication | |
| ____ YES | Other requests not listed above _____ | |

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.
