

# Form B – PHYSICAL, VISUAL, HEARING OR NEUROLOGICAL 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, Visual, Hearing or Neurological Disability Verification) is available on the Virginia Board of Bar Examiners' website ([barexam.virginia.gov/nst-petition](http://barexam.virginia.gov/nst-petition)). 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 Exam:

*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 also 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.*

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

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

Describe the training you have had in making recommendations for specific time accommodations on licensing exams such as the Virginia Bar Exam.

**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, 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.  
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. List 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 that will affect their performance on the Virginia Bar Exam.

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, explain.

14. What remediation techniques have been attempted to alleviate the Applicant's impairment during testing? Have they worked?

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

- 16. Is there any medical or scientific study that provides data enabling you to objectively determine the amount of additional testing time needed to place the Applicant in a testing position equivalent to that of a person without this disability? \_\_\_\_ Yes \_\_\_\_ No  
If yes, 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 them 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 Exam 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 their seat to use the restroom or get a drink of water; however, no food or beverages are permitted in the testing room.

\*Applicants with 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 <b>extra</b> time per session on the <b>Additional Time Request Chart</b> .
YES	Large print testing materials _____18pt _____24pt	
YES	Braille version of exam	
YES	Use of magnifying glass or special visual aid/apparatus	
YES	Assistance bubbling the MBE answer sheet	
YES	Use of sign language interpreter	
YES	Use of a reader	
YES	Audible computerized version of the exam questions	
YES	Use of dictation or speech to text software for transcribing the exam answers	
YES	Testing with like-accommodated applicants	
YES	*Private testing room (detailed explanation/reason required)	
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 a fee, and download the required software.

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

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

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

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

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

### 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** – consists of 100 multiple choice questions.

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

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

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

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