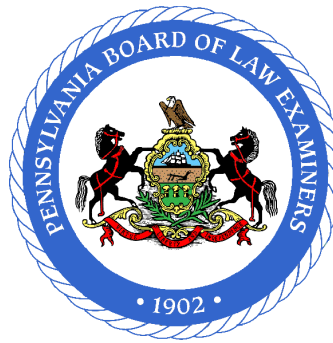


Pennsylvania Board of Law Examiners
601 Commonwealth Ave., Suite 3600
P.O. Box 62535
Harrisburg, PA 17106-2535



Phone (717) 231-3350
Fax (717) 231-3351
www.pabarexam.org

Nonstandard Testing Accommodations (NTA) Request Form

All applicants are permitted to have a beverage, medication, and lumbar support during the examination, regardless of whether receiving NTA. DO NOT complete this application for the aforementioned items. **This form MUST be typed.**

GENERAL INFORMATION

Name:

Telephone Numbers: Mobile:
Other:

Current Exam Information:

Did you request computer based testing (CBT) on your online Application for Permission to Sit for the Pennsylvania Bar Examination? Yes No

DISABILITY STATUS (see NTA instructions for required documentation.)

1. Nature of Disability (check all that apply):

- Hearing Disability
- Visual Disability
- Learning Disability
- AD/HD
- Physical Disability
- Psychiatric Disability
- Other:

2. I was first professionally diagnosed by:

A. Name of Qualified Professional and Current Address/Phone if Available:

B. Occupation/Specialty:

C. Specific Diagnosis:

D. Date of Diagnosis (mm/yyyy):

See attached pages for multiple diagnoses

3. What treatment(s)/medication(s) have been prescribed?

A. Treatment or Medication:

B. Timeframe of Treatment:

C. Effect on Condition:

D. Reason for Discontinuing Treatment (if applicable):

E. Prescribed by Whom (Occupation/Specialty):

See attached pages for multiple treatment(s)/medication(s)

4. Did you attend a special school/program or use disabled student services at any time during your educational career (check all that apply)? You must provide a detailed description of programs/services attended by attaching an explanation sheet to this NTA Request Form.

- no*
- elementary school
- high school
- college
- law school
- other (specify):

PREVIOUS ACCOMMODATION(S) (see NTA instructions for required documentation.)

For questions 5- 13, follow these instructions. Additionally, you should provide all documentation from the institution granting or denying accommodations and your test scores. Attach additional pages as needed.

If you were granted accommodations, check “Yes, Granted” List the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the time frame.

If you were denied accommodations, check “Yes, Denied.” List the month and year the request was made, the condition or diagnosis for which accommodations were requested, the accommodations requested, the educational institution or testing agency, and the reason given by the entity for the denial. Note: if your request for accommodations was granted in part and denied in part, you should check both “Yes, Granted” and “Yes, Denied.

If you did not request accommodations, check “Not requested.” Explain why you did not request accommodations.

If you did not attend the type of school or take that exam, check “N/A.”

5. Have you ever requested NTA for any bar examination? (Attach additional pages as needed)

Yes, Granted Yes, Denied Not Requested N/A

A. If you ever applied to take a bar examination, but did not request NTA, what was the jurisdiction(s) and did you pass or fail?

6. Did you request accommodations for the Multistate Professional Responsibility Exam (MPRE)?

Yes, Granted Yes, Denied Not Requested N/A

7. Did you request accommodations in law school?

Yes, Granted Yes, Denied Not Requested N/A

8. Did you request accommodations in college (undergraduate and/or graduate studies)?

Yes, Granted Yes, Denied Not Requested N/A

9. Did you request accommodations for the LSAT?

- Yes, Granted Yes, Denied Not Requested N/A

10. Did you request accommodations for the SAT and/or ACT?

- a. SAT Yes, Granted Yes, Denied Not Requested N/A
b. ACT Yes, Granted Yes, Denied Not Requested N/A

11. Did you request accommodations for any of the following standardized tests?

- a. GRE Yes, Granted Yes, Denied Not Requested N/A
b. GMAT Yes, Granted Yes, Denied Not Requested N/A
c. MCAT Yes, Granted Yes, Denied Not Requested N/A

12. Did you request accommodations or disabled student services in high school, including but not limited to accommodations or services provided as a result of an Individualized Education Plan (IEP) or a 504 Plan?

- Yes, Granted Yes, Denied Not Requested N/A

13. Did you request accommodations or disabled-student services in elementary or middle school, including but not limited to accommodations or services provided as a result of an IEP or 504 Plan?

- Yes, Granted Yes, Denied Not Requested N/A

ONLY ACCOMMODATIONS REQUESTED ON THIS PAGE WILL BE REVIEWED AND APPROVED. (Various accommodations mentioned in your personal statement, recommended by your medical experts in their reports, received in past testing environments, etc. will not be considered unless you specifically request them on this page.)

NTA REQUESTED (see NTA instructions for required documentation.)

14. Do you request extra time to take the bar examination? Yes No
- A. If yes, your medical/professional authority must provide a detailed justification for the additional time, and whether the time requested is for testing or breaks. Requests for unlimited time are not a reasonable accommodation under the ADA.
- 1) Select the additional time request or be specific if not listed:
- 50%* MPT/MEE
 - 50%* MBE
 - other (be specific):
- 2) Select whether the time request is for testing or breaks
- TESTING** (The extension of time will be used for testing. Restroom or rest breaks may be taken at any time during testing; however, no additional time will be added.)
 - OR**
 - BREAKS ONLY** (The extension of time is for **stop-the-clock breaks only**. The additional time is for breaks only, and may not be used for testing). You will be required to exit the test room when using break time.

*On both days of the examination, the 3 hour AM and PM test sessions are extended to 4 ½ hours for applicants receiving 50% additional time. The examination normally begins each day at 8:15 am and ends at 6:30 pm. You may leave early if you finish the examination before the test session ends.

NOTE: NTA applicants will be tested in an area with other applicants receiving similar accommodations.

15. Describe any accommodations you are seeking other than extra time (vision impaired – please see Question 16):

Other requests: You may provide your own auxiliary aids if approved. (Example: special chairs, foot stools, additional lighting, magnifying items, writing stand, etc.)

16. Do you require auxiliary aids for vision impairment (if yes, check all that apply below)? Yes No
- Microsoft Word's ADA Features (Windows OS)
 - Microsoft Word's ADA Features (Mac OS)
 - Other Software (specify OS platform):
 - Alternate version of the test (check all that apply):
 - Braille
 - large print (18 point font)¹
 - Permission to mark/circle answers in the MBE question booklet and have answers transferred
 - Guide dog (the Board needs to know this for seating purposes)

Describe in detail how you wish to access and answer each part of the exam with these aids (MPT\MEE\MBE):

The Board may not make an adjustment or modification of the standard testing conditions that fundamentally alters the nature of the examination, imposes an undue administrative or financial burden on the Board, compromises the security, validity or reliability of the examination, or provides an unfair advantage to the applicant with the disability.

¹ Large print MBE booklets do NOT have large font answer sheets

PERSONAL STATEMENT

In addition to professional documentation as required, you must provide a personal statement describing your disability and its impact on your daily life and education functioning. You must also list which major life activities your disability impacts and provide a detailed description of the effects. Do not confine your comments to standardized test performance, but instead discuss your overall functioning.

Attach and number additional pages as needed.

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Nonstandard Testing Accommodations Certification Statement

I am aware that it is my responsibility to file a complete NTA Request Form, and I understand that it will be ineligible for review if found to be incomplete, untimely or otherwise not filed in compliance with the instructions. I have attached all original supporting documentation to this Request Form.

I certify that the information contained in my NTA Request Form and documentation is true and correct to the best of my knowledge and belief. I am aware that if any answers are willfully omitted or false, I may prejudice my examination results, admission to the bar of the Commonwealth of Pennsylvania, my subsequent good standing as a member of the bar, and that I may be subjected to such penalties as provided by law. I understand that false statements made herein are subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsifications to authorities.

I understand that the full and correct completion of this NTA Request Form is a pre-requisite for the Board of Law Examiners' consideration of my NTA request. I further certify that I have read the foregoing NTA Request Form and documentation.

I am entering my User ID and Applicant ID that I have been assigned to create an electronic signature to indicate that I agree to the aforementioned statements. I understand that an electronic signature may not be denied legal effect or enforceability by me solely because it is in electronic form. The Electronic Transactions Act, 73 P.S. §2260.101 et seq. provides authority for parties to transactions involving government affairs to agree to conduct such transactions by electronic means.

Executed on:

User ID (Email Address from [Online Bar Application](#)):

Applicant ID (Consult [Online Bar Application](#)):

NOTE: THIS PAGE MUST BE SIGNED AND DATED, ONLY IF YOU ARE APPLYING FOR NONSTANDARD TESTING ACCOMMODATIONS.

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Nonstandard Testing Accommodations Authorization and Release

I, _____, in connection with my request for nonstandard testing accommodations (NTA) for taking the bar examination, authorize the Board of Law Examiners (Board) to provide, at its discretion, a copy of any and all documentation that I submit in connection with my NTA request to such persons and/or consultants as the Board may deem necessary to adequately evaluate my NTA request. If requested by the Board, I further agree to submit to diagnostic testing by an independent physician, therapist, or other professional authority chosen by the Board.

If further information regarding the documentation that I have provided is needed, I authorize the Board to contact the professional(s) who diagnosed and/or treated my disability. I further authorize such professionals to communicate with the Board in this regard to provide such clarification and/or further information and documentation as the Board requires.

I authorize the Board to contact those entities which have provided me test accommodations or with whom I have a current request for test accommodations pending for the purposes of ascertaining what accommodations have been or will be granted or denied. I further authorize such entities to communicate with the Board in this regard to provide such clarification and/or further information and documentation as the Board requires.

I hereby release, discharge, and exonerate the Pennsylvania Board of Law Examiners, its agents, and representatives and/or any person so furnishing information from any and all liabilities of every nature and kind arising out of the furnishing, inspection or receipt of medical records, documents, and other information, or the investigation made by or on behalf of the Board.

I am entering my User ID and Applicant ID that I have been assigned to create an electronic signature to indicate that I agree to the aforementioned statements. I understand that an electronic signature may not be denied legal effect or enforceability by me solely because it is in electronic form. The Electronic Transactions Act, 73 P.S. §2260.101 et seq. provides authority for parties to transactions involving government affairs to agree to conduct such transactions by electronic means.

User ID (Email Address from [Online Bar Application](#)):

Applicant ID (Consult [Online Bar Application](#)):