

# New York State Board of Law Examiners

## Mailing Address

Corporate Plaza – Building 3  
254 Washington Avenue Extension  
Albany, NY 12203-5195

## Phone, Fax, and Website

Telephone: (518) 453-5990  
Fax: (518) 452-5729  
Website: [www.nybarexam.org](http://www.nybarexam.org)

## APPLICATION FOR TEST ACCOMMODATIONS

**Please be advised** This application should be used by: applicants requesting test accommodations on the New York bar examination and/or New York Law Exam (NYLE) for the first time; applicants who were denied accommodations on a prior examination; applicants for re-examination who did not previously request accommodations; and applicants who were granted accommodations in the past but who have not taken the examination in the last three (3) years. *Please refer to the instructions which accompany this application and the Handbook for Requesting Test Accommodations on the New York State Bar Examination and New York Law Exam, including the Guidelines for the Documentation of Attention Deficit/Hyperactivity Disorder, Guidelines for the Documentation of Learning and Other Cognitive Disabilities, Guidelines for the Documentation of Physical and Chronic Health Disabilities, Guidelines for the Documentation of Psychiatric Disabilities, and Guidelines for the Documentation of Visual Disabilities, when completing this application.* To be timely, the completed application with all required documents must be received in the Board's office by 5:00 PM ET on the application deadline. **This is NOT a "postmarked by" deadline and faxing your application does not satisfy the filing requirement.**

### Introductory Information

**You must have a Board of Law Examiners ("BOLE") ID # to complete this application. If you do not have a BOLE ID # you must create one at the [Board's website at http://www.nybarexam.org](http://www.nybarexam.org).**

1. BOLE ID: \_\_\_\_\_ 2. Name: \_\_\_\_\_  
*BOLE ID Last Name First Name Middle Name*

3. (A) Residence Address

**Be advised:** Residence address is the physical address where you are residing **during the general application period.**

\_\_\_\_\_  
*House or building number and street, Apartment number if applicable, PO Box not permitted*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State/Province*

\_\_\_\_\_  
*Country*

\_\_\_\_\_  
*Zip/Postal Code*

Daytime telephone No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

(B) Correspondence Address:

(If your correspondence address is different from your residence address, attach a brief explanation.)

\_\_\_\_\_  
(No. and Street/P.O. Box )

\_\_\_\_\_  
(City, State/Province, Country)

\_\_\_\_\_  
(Zip/Postal Code)

4. Bar examination for which application is made: (check one) FEB  JULY  (year) \_\_\_\_\_

NYLE for which application is made: \_\_\_\_\_  
(month/year)

5. Law School(s): \_\_\_\_\_ Degree(s): \_\_\_\_\_  
Dates attended: \_\_\_\_\_

6. Have you previously applied to take the New York bar examination or NYLE?  Yes  No

If yes, please state the month and year of the last exam for which you filed an application: \_\_\_\_\_  
Have you previously requested test accommodations on the New York bar examination or NYLE?  Yes  No  
If yes, please state the month and year of the last exam for which you *requested* accommodations: \_\_\_\_\_  
Were you *awarded* test accommodations for that examination?  Yes  No

## Disability Description and History

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7. I am requesting accommodations on the basis of the following disability/disabilities. *Only those disabilities checked below will be considered by the Board:*
- ADHD / ADD  Physical Disability  Vision Disability  
 Learning Disability (i.e. reading, writing)  Psychiatric Disability  Hearing Disability  
 Other  
(specify): \_\_\_\_\_
8. I was first professionally diagnosed with \_\_\_\_\_ (state diagnosis) at the age of \_\_\_\_\_ in \_\_\_\_\_ (year) by \_\_\_\_\_ (Name of Qualified Professional).
9. This diagnosis was most recently confirmed or reassessed at the age of \_\_\_\_\_ in \_\_\_\_\_ (year) by \_\_\_\_\_ (Name of Qualified Professional).

## Test Accommodations Requested

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10. List all accommodations you are requesting for the (a) New York bar examination and (b) NYLE. (If you are requesting additional testing time you must also answer question 11.)  
(a) New York Bar Examination (UBE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(b) NYLE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. **Additional testing time:** Do you request extra testing time to take the bar exam and/or NYLE?  Yes  No  
If yes, specify the amount requested for each session (e.g. 25%, 50%, or 100% of the standard testing time):  
**Note: For applicants awarded 50% or 100% additional testing time for all sessions of the bar examination, the order of the UBE will be MEE on Tuesday, MBE on Wednesday and Thursday, and MPT on Friday.**  
**MPT and MEE Sessions**  
AM (two MPT items – 3 hours): \_\_\_\_\_  
PM (six MEE items – 3 hours): \_\_\_\_\_  
**MBE Sessions**  
AM (100 multiple choice questions – 3 hours): \_\_\_\_\_  
PM (100 multiple choice questions – 3 hours): \_\_\_\_\_  
**NYLE**  
One online session (50 multiple choice questions – 2 hours): \_\_\_\_\_
12. **Laptop Program (does not apply to NYLE):** Are you electing to participate in the Board’s laptop program for the MPT and MEE? The laptop program is not available for multiple choice sections. Spelling and grammar are not graded on the examination, and the software does not come with spell check or grammar check. **Note: Checking “Yes” on this application will not register you for participation in the laptop program. You must also check “Yes” on the general online bar examination application where it asks if you want to participate in the laptop program and follow all instructions and emails.**  Yes  No
13. **Test Center:** The Board has two primary test centers for applicants with disabilities: one in New York City, and the other in the Albany area. Seating is no longer based on an applicant’s residency. First-time applicants who

graduated with a Juris Doctor degree from a First or Second Department law school will be given first preference to available seats at the test center in the New York City area. First-time applicants who graduated with a Juris Doctor degree from a Third or Fourth Department law school will be given first preference to available seats outside of the New York City area. All other applicants, including all repeat applicants and all applicants attending law school outside of New York State, will be assigned to a test center where seats are available. Seating availability will not be known to the Board staff until approximately four weeks after the application period closes. Seating in either New York City or Albany for a previous administration of the exam does NOT guarantee the same seating location for a future exam. If an applicant has a preference for seating, that preference can be stated but is NOT guaranteed.

I prefer a seat in (check one, or leave blank if no preference): \_\_\_\_\_ New York City \_\_\_\_\_ Albany area

## History of Accommodations

*For questions 14 through 18, please use the following instructions:* If you were granted accommodations, check “Yes” and list *all* accommodations you received. Provide the name(s) of the college(s) or school(s) attended and include the time frames when the accommodations were granted (i.e. senior year only, all years, etc.). If you did not request accommodations, check “No.” Explain why accommodations are now requested on the New York bar examination. If you applied for accommodations and were denied, check “denied.” Explain why your request was denied and provide the denial letter from the institution. If you did not attend the type of school or take the exam indicated, check “N/A”.

14. Did you receive test accommodations in **Law School**?

Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  N/A (explain below)

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15. Did you receive test accommodations during your **Undergraduate Studies**?

Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  N/A (explain below)

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16. Did you receive test accommodations for **Secondary Education (High School)**?

Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  N/A (explain below)

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17. Did you receive test accommodations or other services during **Elementary Education**?

Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  N/A (explain below)

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18. Did you receive test accommodations for the following **Standardized Exams**?

**ACT**  Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  Did Not Take

**GMAT**  Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  Did Not Take

**GRE**  Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  Did Not Take

**LSAT**  Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  Did Not Take

**MCAT**  Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  Did Not Take

**MPRE**  Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  Did Not Take

**SAT**  Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  Did Not Take

**TOEFL**  Yes (provide documentation)  Did Not Request  Denied (provide denial letter)  Did Not Take

NOTE: If you took an exam multiple times but did not receive accommodations for all administrations of the exam, please so indicate:

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## Supporting Documentation

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19. Medical Documentation:
- A. *Recent Medical Documentation.* You must include a copy of a comprehensive written report from a qualified professional who conducted an individualized assessment and who gave the diagnosis which forms the basis for this request for test accommodations. The report must be recent and comply in all other respects with the Board’s documentation guidelines (e.g. *Guidelines for the Documentation of Attention Deficit/Hyperactivity Disorder, Guidelines for the Documentation of Learning and Other Cognitive Disabilities, Guidelines for the Documentation of Physical and Chronic Health Disabilities, Guidelines for the Documentation of Psychiatric Disabilities, and Guidelines for the Documentation of Visual Disabilities*). If you have more than one disability, you must submit recent medical documentation to support each disability. We recommend that you provide a copy of the applicable documentation guidelines to your qualified professional before s/he prepares the report.
- B. *Historical Documentation.* If the application for test accommodations is based upon a condition commonly appearing although not always formally diagnosed in childhood, such as a learning disability, Attention Deficit/Hyperactivity Disorder, or other cognitive disorder, it is extremely helpful to include: documentation of your first formal diagnosis, and copies of any available historical documentation (i.e. report cards, IEPs, teacher comments, etc.) that can establish a childhood onset of symptoms and impairment.
20. Personal Statement: Provide a personal statement, no longer than 750 words, describing when you first became impaired by your disability, when you were first formally diagnosed, how your disability affects your daily life activities, including your educational and testing functioning, and how your disability affects your ability to take the bar examination under standard testing conditions, and explaining how each accommodation requested alleviates the impact of your disability. *If English is a second or foreign language, please include the age at which you first began learning and speaking English.*
21. Proof of Past Accommodations: Provide proof of past accommodations received, if any, for other bar exams, law school, college, and prior standardized examinations (i.e., LSAT, SAT, MPRE, TOEFL, etc.). If a request for accommodations was ever denied, provide a copy of the denial letter.
22. Test Scores and Transcripts. For applications based on Learning Disabilities, ADHD, or other cognitive disorders, provide copies of your score reports on the SAT/ACT and LSAT, transcripts from all colleges and law schools attended. If English is a foreign or second language, provide any TOEFL scores received.
23. Prior or Concurrent Bar Examinations: If you have ever applied for a bar examination in any jurisdiction other than New York, or if you are applying for a concurrent bar examination, list each such jurisdiction and complete the information below.

Jurisdiction	Mo/Yr of Exam	Accommodations Requested?	Granted?/Denied?	If Granted, describe.	Did you pass?

24. Disciplinary Proceedings. Have you ever been found guilty of, or are you currently charged with or the subject of an investigation regarding, fraud, dishonesty or other misconduct in connection with the administration of a bar examination of any other jurisdiction?  Yes  No (check one)

If you checked “Yes” to the foregoing question, you must mail a separate statement to the Board setting forth the institution/jurisdiction, date(s) of incident, explanation of the circumstances, the stage of proceedings, the disposition, and any penalties imposed, for each matter.

**Note: Make sure to complete the Affidavit, Authorization, and Release, and Checklist on the following pages.**

# Affidavit

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STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn deposes and says:

I am aware that it is my responsibility to file a timely and complete application for test accommodations. I understand that my complete application with all required supporting documents must be received in the office of the New York Board of Law Examiners (Board) by 5:00 PM ET on the general application deadline date, that this is NOT a “postmarked by” deadline, and that faxing my application does NOT satisfy the filing requirement. I understand that if my application is late or incomplete, it will be rejected and not considered.

All of the information and statements made by me in my application and supporting documentation are true and correct to the best of my knowledge and belief. I understand that I am under a continuing obligation to provide truthful and correct information to the Board. I understand that if any of my answers or statements to the Board are false, I may be subjected to such penalties as are provided by law and be subject to discipline pursuant to Board Rule 6000.13 (Fraud, Dishonesty and Other Misconduct).

\_\_\_\_\_  
Signature of Applicant

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),

\_\_\_\_\_  
Signature of Notary Public

[Stamp or Seal of Notary Public]

## Authorization and Release

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I, \_\_\_\_\_, in connection with this application for test accommodations and any future application for test accommodations I may submit to the Board, authorize the New York Board of Law Examiners (Board) to provide, at its discretion, a copy of any and all documentation that I submit in connection with the application, including any confidential medical records or information, to such persons and/or consultants as the Board may deem necessary to adequately evaluate my application for test accommodations. If requested by the Board, I further agree to submit to diagnostic testing by a physician, psychologist or other qualified professional 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 application for test accommodations pending for the purpose 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 New York State Board of Law Examiners, its agents, and representatives and/or any person from any and all liabilities of every nature and kind arising out of the furnishing, inspection or receipt of medical records, documents, records and other information, or any investigation made by or on behalf of the Board.

\_\_\_\_\_  
Signature of Applicant

STATE OF: \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Signature of Notary Public

[Stamp or Seal of Notary Public]

## Filing Information

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The signed and notarized application and all required supporting documentation must be received in the Board's office by the deadline indicated below. Please note this is NOT a "postmarked by" deadline. For applicants who **failed** the immediately preceding examination, applications must be received by the later of the 14th day following the date of the Board's notification of failure and the general application deadline.

New York State Board of Law Examiners  
Office of Test Accommodations  
Corporate Plaza – Building 3  
254 Washington Avenue Extension  
Albany, NY 12203-5195

<b>UBE Administration</b>	<b>Application Must Be Received By:</b>
February	November 30
July	April 30

<b>NYLE Administration</b>	<b>Application Must Be Received By:</b>
December 20, 2018	September 21, 2018
March 21, 2019	December 21, 2018
June 13, 2019	March 15, 2019
September 26, 2019	June 28, 2019
December 19, 2019	September 20, 2019

## Checklist

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27. Please review and checkmark each line below to demonstrate that you have submitted all the required documentation in the appropriate format. You must submit this completed checklist with your application. If any of the required information or documentation is missing from your submission, your application is incomplete.
- I have REMOVED all staples, paperclips, binding and/or exhibit tabs from every page so that all of my documentation can be efficiently bar coded with my BOLE ID and image-scanned upon arrival.
  - ALL pages are single-sided. I have not enclosed any double-sided pages.
  - I have made a copy for my records of the entire application packet before submitting it to the Board as well as retained proof of delivery information from any carrier I used to mail my application.
  - I have **answered each and every question** in my Application for Test Accommodations.
  - I have enclosed Recent Medical Documentation in full compliance with the Board's Guidelines (question 19[A]).
  - I have enclosed my Personal Statement.
  - I have enclosed proof of accommodation letters and/or denial letters from  other bar exam;  law school;  LSAT;  college;  SAT/ACT; and \_\_\_\_\_ (other).
  - I have enclosed my Signed and Notarized Affidavit, Authorization, and Release.

**For applications based on (1) Attention Deficit/Hyperactivity Disorder, (2) learning disabilities, or (3) other cognitive disorders.**

I have enclosed the following documentation:

- LSAT score report (from LSAC) – a photocopy is permitted for this purpose;
- SAT/ACT score report (from College Board or ACT) – a photocopy is permitted. Contact (212) 713-8000 or visit the College Board’s website at [College Board’s website at www.collegeboard.com](http://www.collegeboard.com). If you are unable to get your score report from the College Board, contact your high school for a copy of your transcript (be sure your SAT scores are reflected on your transcript);
- TOEFL score report – a photocopy is permitted;
- Law school transcript(s) from each law school attended – a photocopy is permitted; and
- College transcript(s) from each college attended – a photocopy is permitted.

Please check one of the following:

- Historical documentation from first formal diagnosis and/or childhood is enclosed (question 19[B]).
- Historical documentation is not provided (question 19[B]). *Please provide explanation as to why historical documentation is not provided:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_