

New York State Board of Law Examiners

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Albany, NY 12203-5195

Phone, Fax, and Website
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RE-APPLICATION FOR TEST ACCOMMODATIONS

If you have been previously awarded testing accommodations for the New York State bar examination and/or New York Law Exam (NYLE), and sat for either or both of those examinations with the awarded accommodations within the last three years, you should use this application. *Late or incomplete applications will be rejected and not considered. Please refer to the instructions which accompany this application when completing this application.* **NOTE:** Faxing your re-application does not satisfy the filing requirement or relieve you of your responsibility to ensure that your original signed and notarized re-application is received in the Board's office by the filing deadline. Please note that this is NOT a "postmarked by" deadline. Additionally, you must timely re-register to sit for the bar exam and pay the appropriate application fee. Please refer to our web site for instructions on how to re-register to sit for the bar exam using your existing BOLE ID.

Introductory Information

1. BOLE ID: _____ 2. Name: _____
Last *First* *Middle*

3. (A) Residence Address (the address where you are physically residing **during the general application period.**)

(No. and Street, not P.O. Box) Apt. # (if applicable)

(County)

(City)

(State/Province)

(Country)

(Zip/Postal Code)

Daytime telephone No.: _____

E-mail address: _____

(B) Correspondence Address (If 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 re-application is made: (check one) FEB JULY (year) _____

NYLE for which re-application is made: _____
(month/year)

(Note: If you have previously received testing accommodations for the New York State bar examination, you are still considered a "re-applicant" for the NYLE even if you have never applied for the NYLE.)

5. State the nature of your disability: _____

Accommodations Requested

6. Accommodations Requested *(Please Check either A or B):*

Note: The accommodation of one extra hour of testing time per session is no longer being offered. Instead, all additional testing time will be awarded as a percentage (e.g. 25%, 50%, 100%) of the standard testing time.

- A. I last received test accommodations for the FEB JUL _____ (year) New York State bar examination or the _____ (month/year) NYLE, and I am requesting *exactly the same accommodations* that were awarded for that examination, namely:

- B. I last received test accommodations for the FEB JULY _____(year) New York State bar examination or the _____ (month/year) NYLE, and I am requesting *different accommodations* than those previously awarded. In the space provided below, describe what accommodations you were awarded, briefly explain why you are requesting a change in your accommodations, and specify the exact accommodations you now request (see 7[B] below):

Past Accommodations: _____

Reason for Change in Accommodations: _____

Accommodations now Requested: _____

7. Medical Documentation:

- A. If your re-application is based on (1) *a recent or temporary physical disability* or (2) *a psychiatric disability*, the Board must have on file medical documentation which is no more than one year old (measured from the date of the evaluation to the date of this re-applicant request for test accommodations). If your documentation is outdated, you must supply new supporting documentation in full compliance with the Board's documentation guidelines. *If your application is based on any other disability, no new medical documentation is required.*

- B. If you checked question 6[B]: If you are requesting different accommodations based on a change in the nature or extent of your disability or a new medical evaluation, you *must* submit new comprehensive medical documentation which demonstrates the change in your disability since the last bar examination you took. Your new medical documentation must be in full compliance with the Board's guidelines which are included in these application materials. Failure to provide new supporting documentation will result in the denial of your request for different accommodations, and your application will be treated as one for the same accommodations you received on the last examination.

8. Laptop Program (does not apply to NYLE): Are you electing to participate in the Board's laptop program for the MPT and MEE? The software does not come with spell check or grammar check, but spelling and grammar are not graded. **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

9. 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

Note: Make sure to complete Affidavit and Authorization and Release on the following page.

Affidavit

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

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]