

New York State Board of Law Examiners

| Mailing Address | Phone, Fax, and Website |
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| Corporate Plaza – Building 3 254 Washington Avenue Extension Albany, NY 12203-5195 | Telephone: (518) 453-5990 Fax: (518) 452-5729 Website: www.nybarexam.org |

RE-APPLICATION FOR NON-STANDARD TEST ACCOMMODATIONS (NTA)

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 re-application is received in the Board's office no later than 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. Last Name: _____ First Name: _____ Middle Name: _____
3. I confirm that my current residential and email address are on file with the Board, and understand that any change to either address must be made through the Applicant Services Portal (available at <https://portal.nybarexam.org/>):

Click to Confirm

4. Bar examination for which you are requesting the same or different NTA (give month and year, e.g. "July 2024"):

NYLE for which accommodations are requested (month selected is for that month's next administration):

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 am requesting ***exactly the same accommodations*** that were awarded previously, namely:

B. I am requesting ***different accommodations*** than those awarded previously.

Past Accommodations:

Accommodations Now Requested:

Reason for Change in Accommodations:

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 you are re-applying on the basis of a disability or condition, you **must** submit comprehensive medical documentation in compliance with the Board's documentation guidelines, just as if this were an initial application.*

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): For the UBE, candidates have the choice of completing the MPT and MEE by laptop, or by handwriting. If laptop is desired, **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 timely follow all instructions and emails.**

I understand that for an in-person bar exam, I must register and timely complete all steps for the laptop program, or else I will have to handwrite the MEE and MPT ✎

9. Test Center: For the UBE, the Board has two test centers for applicants with disabilities: one in New York City and the other in Albany. 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 New York City. 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 in Albany. 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 six 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. The Board does not pay for lodging or travel expenses for any applicant, including applicants granted accommodations. 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

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

Certification, Authorization, and Release

CERTIFICATION, AUTHORIZATION, AND RELEASE: By signing below and submitting this Re-Application for Non-Standard Test Accommodations, I agree to and certify each of the following:

I am aware that it is my responsibility to submit a timely and complete application for test accommodations.

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 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).

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 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 _____

Date _____