

**IN THE SUPREME COURT OF OHIO  
BEFORE THE BOARD OF BAR EXAMINERS**

In the Matter of the Request of

STATEMENT OF  
APPLICANT

for Testing Accommodations

**Please print or type.**

**General Information**

- 1) List your name, address, telephone number, and email address (if available).
  
  
  
  
  
  
  
  
  
  
- 2) Provide the month and year of the bar examination for which you are seeking accommodations.

**Information About Your Disability and Its Effect on Your Ability to Take the Bar Examination**

- 1) Provide the date on which you became disabled.
  
  
  
  
  
  
  
  
  
  
- 2) Describe the nature of your disability that is the basis for your request for accommodations. Please be specific.

3) Briefly explain the impact of your disability on your ability to take the bar examination under standard testing conditions.

4) Explain what accommodations you are requesting for the bar examination. Be sure to indicate whether you are requesting accommodations for both the written portion (essay and the Multistate Performance Test) and the Multistate Bar Examination portion of the bar examination. Please be as specific as possible.

5) Explain how the accommodations you have requested are necessary to ameliorate the effects of your disability.

### **Previous Requests for Accommodations**

- 1) Have you sought accommodations for an admissions test, including, but not limited to, the SAT, ACT, LSAT, MPRE, or another jurisdiction's bar examination?  Yes  No

If your answer is yes, state for what test you sought accommodations; the location and date of the test; and what accommodations, if any, you were granted.

- 2) Did you seek accommodations in college and/or law school?  Yes  No

If your answer is yes, you must submit a Certificate of Accommodations from each educational institution from which you sought accommodations.

- 3) Have you sought accommodations from an employer?  Yes  No

If your answer is yes, you must submit a Certificate of Accommodations from each employer from whom you sought accommodations.

- 4) If you have not requested accommodations for your disability in the past, please explain why.

## **Additional Documentation**

- 1) List the name, address, and telephone number of each medical or psychological authority that is providing a Certificate of Medical or Psychological Authority.
  
- 2) List the name, address, and telephone number of each educational facility and employer that is providing a Certificate of Accommodations.

I understand that my request for testing accommodations must be submitted by the deadline set forth in the Ohio Board of Bar Examiners' "Policy on Applicants with Disabilities" and must include: (1) a completed and signed Statement of Applicant; (2) a Certificate of Medical or Psychological Authority that has been completed by a qualified professional, is accompanied by the professional's curriculum vita, and includes copies of all requested records; and, if applicable, (3) a Certificate of Accommodations.

**I understand that it is my responsibility to ensure that all forms are submitted by the deadline and that each form has been completed in its entirety, including any records or additional information that is required to be attached to that form.** I understand that the Board of Bar Examiners may reject for consideration any request that is incomplete or not submitted by the deadline.

Signature of Applicant

Date