



National Conference of Bar Examiners
302 South Bedford Street, Madison, WI 53703
Phone: (608) 316-3070; Fax: (608) 316-3119
Email: mpre.ada@ncbex.org

Request for MPRE Test Accommodations

How to Apply for MPRE Test Accommodations

The following provides an overview of how to apply for MPRE test accommodations. A detailed explanation of the accommodations request process, as well as ADA forms and guidelines for medical documentation are available on NCBE website at www.ncbex.org/mpre-ada. Carefully review the information below and on NCBE's website to ensure that you submit a complete request for accommodations.

If you have requested accommodations for the MPRE within the preceding two years, regardless of whether your request was approved or denied, review the Repeat Applicants page on NCBE's website for special instructions.

1. Register for the MPRE

You must register for the MPRE before you can request test accommodations. Your request cannot be processed until you are registered for a test date.

2. Applicant Request Form

Complete, print, and sign the Applicant Request Form. You must submit an Applicant Request Form every time you register to take the MPRE and wish to request accommodations, regardless of whether a previous request was approved or denied.

3. Personal Narrative (Optional)

You may submit a personal narrative to provide any additional information you wish NCBE to consider about your disability, history, and need for accommodations. Include your name and NCBE Number on every page.

4. Medical Documentation

Provide current and relevant medical documentation from a qualified professional establishing the nature and existence of your disability, your current functional limitations, and your need for the specific accommodation(s) requested. NCBE provides Guidelines for Medical Documentation on its website to assist applicants and their professionals in demonstrating the need for accommodations on the MPRE.

5. Proof of Past Accommodations

Provide proof of past accommodations from all testing agencies and educational institutions that have granted you accommodations.

6. Standardized Test Score Reports

If you are requesting extended testing time for the MPRE, provide score reports for all standardized tests (e.g., LSAT, SAT, ACT, GRE) previously taken, with or without accommodations, where available. Photocopies or online versions of score reports are acceptable for this purpose.

7. Submit Your Request to NCBE

Send all forms and documentation together in one submission by secure upload via our website, or by mail, fax, or email. (Email is not a secure method of transmission.) Written acknowledgment of receipt of your request will be posted to your NCBE Account File Cabinet within 2-3 business days of receipt. If you do not receive acknowledgment within this time period, contact NCBE.

NCBE must **RECEIVE** your request for accommodations, including all supporting documentation, by the late registration deadline for your MPRE test date. **This is a "received by" deadline and NOT a postmark deadline;** delivery to the post office or a courier service by the deadline does not constitute receipt by NCBE. Likewise, unsuccessful transmission via fax, email, or upload by the deadline does not constitute receipt by NCBE. **There are NO exceptions to the deadline. NCBE will not review or consider any requests or documentation received after the deadline.**



APPLICANT REQUEST FORM

GENERAL INFORMATION

1. MPRE Test Date (month/day/year):
2. Full Name (first/middle/last):
3. NCBE Number: N
4. Date of Birth:
5. Daytime Telephone:
6. Email:

Correspondence from NCBE pertaining to your accommodations request will be posted to your secure online NCBE Account. You will be notified by email when correspondence has been posted.

Would you rather receive correspondence about your request by U.S. mail? Yes No

7. Mailing Address:

City: State: Zip:
 Country:

MPRE HISTORY

1. Have you previously taken the MPRE? Yes No
 If yes, list all test dates (month/year).

2. Have you previously requested test accommodations for the MPRE? Yes No
 If yes, list all test dates (month/year) for which you requested accommodations and state whether your request was granted.

INFORMATION ABOUT YOUR DISABILITY

1. Check the box or boxes that describe your disability or disabilities and list the specific diagnosis:

ADHD:

Learning disorder:

Psychological:

Chronic health condition:

Physical:

Visual:

Hearing:

Other:

2. List the month and year when each disability was first diagnosed.

3. Describe your current functional limitations and how those limitations will affect your ability to take the MPRE.

4. Describe all treatment, medication, devices, auxiliary aids, or strategies you ordinarily use to ameliorate the functional impact of your disability or disabilities and the effectiveness thereof, or list "none."

ACCOMMODATIONS REQUESTED

The MPRE is a two-hour timed examination administered in paper-and-pencil format in a proctored setting. The test consists of 60 multiple-choice questions. Test items are written at an 11th- to 12th-grade reading level. Examinees record their answers by darkening circles on a Scantron answer sheet using a number 2 pencil. Examinees are assigned seats in a quiet environment.

Each examinee may bring a sealed clear plastic bag, maximum size one gallon (3.79 liters), into the test center. It must be stored under the examinee's chair and may be accessed only with permission by and in the presence of a proctor. The sealed bag may contain only the following items: valid ID; wallet; keys; car key fob (without a data port); hygiene products; non-mechanical pencils, eraser, and pencil sharpener; tissues; unwrapped cough drops or hard candy; medication; and glucose tablets or gel.

In addition, medical aids that are necessary to ambulate (cane, crutches, walker, wheelchair, service animal, prosthetic limb, cast, brace, or sling), are necessary to communicate (hearing aid, voice amplifier), or are required for medical or health reasons (heart monitor, epinephrine auto-injector, insulin pump, glucose monitor, blood sugar testing kit, TENS unit) are allowed but may be inspected by test center supervisors.

Use the checkboxes below to indicate the accommodations you are requesting.

1. EXTENDED TESTING TIME (CHECK ONE):

25% extended testing time (extra 30 minutes)

50% extended testing time (extra 60 minutes)

100% extended testing time (extra 120 minutes)

Other amount (specify other amount):

2. SUPERVISED BREAKS (NOT COUNTED IN TESTING TIME):

Breaks (describe duration and frequency):

3. TEST FORMAT/ACCESSIBILITY:

Large-print test book and answer sheet (select font size: 18-point font; or 24-point font)

Braille

Audio

Auxiliary aid (describe auxiliary aid):

Reader provided by NCBE

Non-Scantron answer sheet

Scribe provided by NCBE to complete answer sheet

Wheelchair accessible table (specify height):

4. OTHER ACCOMMODATION NOT LISTED ABOVE (DESCRIBE):

YOUR ACCOMMODATIONS HISTORY

For questions 1 through 5 below, please follow these instructions: If you were granted accommodations, check "Granted" and briefly describe the accommodations provided. (Note: You must provide verifying documentation of all accommodations.) If you did not request accommodations, check "Not Requested" and explain why you did not request accommodations. If you were denied accommodations, check "Denied" and list the reason(s) given by the entity for the denial. If you did not attend the type of school listed or did not take the exam listed, check "N/A."

1. Were you granted accommodations for the bar examination?

Granted Not Requested Denied N/A

Explanation:

2. Were you granted accommodations in law school?

Granted Not Requested Denied N/A

Explanation:

3. Were you granted accommodations in college (undergraduate or graduate studies)?

Granted Not Requested Denied N/A

Explanation:

4. Were you granted accommodations or disabled-student services in elementary or secondary school, including but not limited to accommodations or services provided under an Individualized Education Plan (IEP) or a 504 Plan?

Granted Not Requested Denied N/A

Explanation:

5. Were you granted accommodations for any of the following standardized tests:

LSAT:	Granted	Not Requested	Denied	N/A
MCAT:	Granted	Not Requested	Denied	N/A
GRE:	Granted	Not Requested	Denied	N/A
GMAT:	Granted	Not Requested	Denied	N/A
SAT:	Granted	Not Requested	Denied	N/A
ACT:	Granted	Not Requested	Denied	N/A

Explanation:

6. Do you have any accommodation requests pending with other entities (e.g., the bar exam)? Yes No
If yes, list each entity, the accommodations you requested, and the date that you submitted your request.

ACADEMIC HISTORY

1. List your postsecondary educational history, including all colleges, universities, law schools, and other graduate or professional schools you have attended. State the dates of attendance and degree(s) earned.

OPTIONAL PERSONAL STATEMENT

If there is anything else you would like NCBE to know about your disability and need for accommodations, you may attach a personal narrative. Include your name and NCBE number on every page.

CERTIFICATION AND AUTHORIZATION

The information I have provided in support of my request for test accommodations is true and complete. I understand that if NCBE determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, NCBE reserves the right to cancel my MPRE score.

I authorize NCBE to contact all educational institutions and/or testing agencies that have provided me with test accommodations and/or are considering a pending application for test accommodations to clarify the accommodation(s) that have been or will be granted or denied.

I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by NCBE, and I authorize such disclosure.

I understand that all necessary documentation and information must be received by NCBE by the deadline in order for my request for test accommodations to be considered.

If I am signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature.

Signature:

Date signed:

If you are unable to sign this form, please have someone sign and date it in your presence:

Individual's signature:

Date signed: