



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.

7. Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Country: _____

MPRE HISTORY

8. Have you previously taken the MPRE? Yes No

If yes, list all test dates (month/year).

9. 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

10. Check the box or boxes that describe your disability or disabilities and provide a specific diagnosis:

- ADHD: _____
- Learning disorder: _____
- Psychological: _____
- Chronic health condition: _____
- Physical: _____
- Visual: _____
- Hearing: _____
- Other (describe other disability): _____

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

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

13. 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. The 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. The sealed bag must be stored under the examinee's chair and may be accessed only with permission by and in the presence of a proctor.

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.

14. 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): _____

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

- Breaks (describe duration and frequency): _____

16. 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): _____

17. OTHER ACCOMMODATION NOT LISTED ABOVE (DESCRIBE):

ACCOMMODATIONS HISTORY

For questions 1 through 5 below, 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."

18. Were you granted accommodations for the bar examination?

- Granted Not Requested Denied N/A

Explanation:

19. Were you granted accommodations in law school?

- Granted Not requested Denied N/A

Explanation:

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

- Granted Not requested Denied N/A

Explanation:

21. 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:

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

- | | | | | |
|-------|----------------------------------|--|---------------------------------|------------------------------|
| LSAT: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| MCAT: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| GRE: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| GMAT: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| SAT: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| ACT: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |

Explanation:

23. 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

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

OPTIONAL PERSONAL STATEMENT

25. 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 NCBE must receive my request for test accommodations by the late registration deadline in order for my request for test accommodations to be considered.

I understand that the deadline is a 'received by' deadline and not a postmark deadline, and that delivery to the post office or to a courier service by the deadline, or unsuccessful electronic transmission, does not constitute receipt by NCBE.

I understand that there are no exceptions to the deadline, and NCBE will not review any requests, forms, or documentation, including those for reconsideration, received after the late registration deadline.

I understand that if my request for accommodations is received at NCBE fewer than 15 business days before the deadline, I run the risk of not having time to request reconsideration of NCBE's decision.

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:** _____