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MPRE Test Accommodations

**Applicant Appeal/Reconsideration Request Form**

Use this form to request an appeal or reconsideration of an MPRE test accommodations decision, if all or part of your request for accommodations was not approved.

- An Applicant Appeal/Reconsideration Request Form and any new, substantially different, relevant, and material documentation to support a reconsideration request must be submitted together, in a single complete packet.
- **If you wish to appeal or request reconsideration of NCBE’s accommodations decision, wait to register and schedule your test appointment until after you receive a new determination to avoid incurring a fee.**
- If you schedule an exam appointment, it cannot be changed to another MPRE date without incurring a fee.
- Examination scheduling is completed on a first come, first serve basis; you are encouraged to submit any request for appeal or reconsideration well in advance of the MPRE Recommended Submission Date. Refer to the table of Important Dates for MPRE Test Accommodations posted at [www.ncbex.org/mpre-ada](http://www.ncbex.org/mpre-ada).

**Check one box below to have your accommodations request reviewed again:**

APPEAL (only one appeal is permitted)

- An appeal does not require submission of any additional documentation.

RECONSIDERATION

• A reconsideration request requires submission of additional documentation that is new, substantially different, relevant, and material. Examples of sufficient reconsideration documentation vary based on your limiting condition, but generally include: a new psychological evaluation; an existing psychological evaluation that was not previously submitted; verification of a prior accommodation that was not previously submitted; scores on assessment measures that were not previously submitted; or new diagnostic medical reports updating the status of your condition. **It is not sufficient to submit a brief note written on your behalf by a qualified professional or a personal statement disagreeing with our decision without additional supporting documentation.** NCBE will not accept encrypted or password-protected files, even if a password is provided.

- Further reconsideration of an MPRE test accommodations decision may be requested only if each additional reconsideration request is accompanied by new, substantially different, relevant, and material documentation.

**General Information**

1. Full Name (first/middle/last): \_\_\_\_\_
2. NCBE Number: N \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Daytime Telephone: \_\_\_\_\_
5. Email: \_\_\_\_\_

**Request For Appeal or Reconsideration**

6. Below, please explain your reason(s) for appealing or requesting reconsideration of NCBE’s accommodations decision. For a reconsideration request new, substantially different, relevant, and material documentation must be provided. Attach any additional explanation or documentation you wish to have considered. 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 any forms or documentation relating to my request for test accommodations, including this appeal/reconsideration request, may be submitted for evaluation to one or more qualified professionals retained by NCBE, and I authorize such disclosure.

I understand that my request will only be considered a request for reconsideration if I am submitting new material.

I understand that I must submit my request for appeal/reconsideration and receive determination of NCBE’s appeal/reconsideration decision prior to registering for the MPRE and scheduling a test appointment.

I understand that if I register and schedule a test appointment prior to receiving a determination of NCBE’s appeal/reconsideration decision, I may need to cancel and/or reschedule my exam appointment and may incur fees.

I understand that there is no guarantee that I will be able to schedule my test on my preferred test date, and at my preferred test time, and at my preferred test center.

I understand that postmarks are not recognized, and that delivery to the post office or to a courier service, or unsuccessful electronic transmission, does not constitute receipt by NCBE.

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:** \_\_\_\_\_

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

Individual’s signature: \_\_\_\_\_ Date: \_\_\_\_\_