

NST Form 1-E: EMERGENCY REQUEST FOR NON-STANDARD TEST ACCOMMODATIONS

NOTICE TO APPLICANT: This form is part of your Emergency Request for Non-Standard Testing for the bar examination. You must select and complete the Emergency NST Application in Synergy. If you upload this Request to your exam application, the Board will not see it. You must complete this form and upload it to your Synergy Application for Emergency Request for Non-Standard Testing Accommodations under Related Items, Form 1. This form and all other applicable forms and required documentation must be filed no later than 7 days prior to the exam; however, the sooner you file the complete request, the sooner the Board may decide it. Do not leave any blanks or answer "see attached."

I. YOUR DISABILITY STATUS

1. The diagnosis indicated in the Synergy Request for Non-Standard Testing was made by:

Health care provider: _____

Type of health care provider: _____

Current address: _____

Current City/State/Zip: _____

Current phone number: _____ Fax: _____

2. List your age when first diagnosed. _____

3. Are you currently being treated? [] Yes [] No

If yes, provide the name, qualifications, and telephone number of **each** treating professional.

4. List any treatment and/or medication currently prescribed for the disability or disabilities identified above, or list "none."

5. Is the treatment or medication effective in controlling symptoms? [] Yes [] No [] N/A

If no, describe remaining symptoms and any side effects.

II. HISTORY OF ACCOMMODATIONS

For the questions below, please follow these instructions:

If you were granted accommodations, check "Yes." List the condition or diagnosis for which accommodations were granted, the specific accommodations granted, the educational institution or testing agency that granted the accommodations, and the time frame.

If you did not request accommodations, check "Not requested." Explain why you did not request accommodations.

If you were denied accommodations, in whole or in part, check "Denied." List the month and year the request was made, the condition or diagnosis for which accommodations were requested, the accommodations requested, the educational institution or testing agency, and the reason given by the entity for the denial. Note: if your request for accommodations was granted in part and denied in part, you should check both "Yes" and "Denied."

If you did not attend the type of school or take that exam, check "N/A."

1. Did you receive accommodations at any of the following institutions or for any of the following standardized tests?

LAW SCHOOL	YES	NOT REQUESTED	DENIED	N/A
UNDERGRADUATE	YES	NOT REQUESTED	DENIED	N/A
HIGH SCHOOL*	YES	NOT REQUESTED	DENIED	N/A
LSAT	YES	NOT REQUESTED	DENIED	N/A
MCAT	YES	NOT REQUESTED	DENIED	N/A
GRE	YES	NOT REQUESTED	DENIED	N/A
GMAT	YES	NOT REQUESTED	DENIED	N/A
SAT	YES	NOT REQUESTED	DENIED	N/A
ACT	YES	NOT REQUESTED	DENIED	N/A
OTHER	YES	NOT REQUESTED	DENIED	N/A

Specify "Other" _____

NOTE: Complete a Form 3 or 4 for accommodations in other institutions or on other standardized tests.

* High School accommodations include but are not limited to IEP or 504 Plans.

II. SUPPORTING DOCUMENTATION

Requests for test accommodations must be supported by the following documentation from third parties. **Review the Board Policy on Accommodations, Policy P-3.11 plus Appendices for a detailed explanation of the supporting documentation you should submit at <http://www.tnble.org/tnlaw/non-standard/how-to-apply>.** Emergency accommodations are granted only for conditions diagnosed after the deadline for applications.

Qualified Professional Documentation

Submit supporting documentation from a qualified professional who conducted an individualized assessment and who gave the diagnosis which forms the basis for the request for test accommodations. If you are requesting accommodations based upon more than one disability (or physical impairment/condition that does not constitute a disability, such as pregnancy or diabetes), you must supply medical documentation from a professional qualified to render diagnosis for each disability. *Your Qualified Professional must mail the form directly to the Board of Law Examiners but you*

must provide the signed form to the Professional.

Verification of Accommodations History

Provide verifying documentation of your accommodations history, if any. Submit a **Form 3 and/or Form 4, Certification of Accommodations History – Educational Institution or Testing Agency**, completed by each educational institution or testing agency from which you requested accommodations in the past, whether granted or denied. Alternatively, you may provide other proof of your accommodations history, such as a copy of the letter(s) you received from the entity notifying you of the specific accommodations granted or denied. The proof should identify the time frame (e.g., third year of law school) and the nature of the disability (e.g., ADHD) for which any accommodations were granted or denied. If you received accommodations as a result of an Individualized Education Plan (IEP) or a 504 Plan, please provide copies of all IEPs or 504 Plans.

III. APPLICANT CHECKLIST

Review this checklist carefully and to indicate the documents you are submitting or having submitted on your behalf to request mark the appropriate lines to indicate the documents you are submitting or having submitted on your behalf to request accommodations for the Tennessee Bar Examination.

_____ Form 2A: Qualified Professional Statement for Learning Disability

_____ Form 2B: Qualified Professional Statement for ADHD

_____ Form 2C: Qualified Professional Statement for Psychological Disability

_____ Form 2D: Qualified Professional Statement for Physical Disability

_____ Form 2E: Qualified Professional Statement for Visual Disability

_____ Form 3, Certification of Accommodations History – Educational Institution

_____ Form 4, Certification of Accommodations History – Testing Agency

[continued next page]

IV. APPLICANT'S NARRATIVE STATEMENT OF IMPAIRMENT

Describe how your disability substantially limits a major life activity, or in the case of a physical condition that is not a disability such as pregnancy or diabetes, how that affects your ability to take the Tennessee bar examination. Be sure to specify the major life activity that is impaired. **Limit your statement to 1500 characters.**

V. VERIFICATION

By typing my signature below and submitting this Request for Non-Standard Testing Accommodations in Synergy, **I declare under the penalty of perjury** that all of the information provided in connection with my Request for Non-Standard Testing Accommodations is true and correct. I understand that if the Tennessee Board of Law Examiners 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, the Tennessee Board of Law Examiners reserves the right to withhold or void my bar examination scores, treat such conduct as a character and fitness issue, or both.

I am submitting my Emergency Request for Non-Standard Testing Accommodations in the good faith belief that I am eligible the Tennessee Bar Examination and that I will make an honest effort to complete all parts of the examination. I understand that this request may result in the setting aside of resources, facilities, time and personnel to accommodate my disability or condition, and I agree to notify the Board of Law Examiners promptly if for any reason I decide to withdraw this request or withdraw from the exam. **I understand that both my request for testing accommodations and all the supporting documentation required by the Board may be submitted to the Tennessee Lawyers Assistance Program and/or third party experts retained by the Tennessee Board of Law Examiners, and I authorize such communication.**

[] Yes, authorize such communication

I understand that all of the documentation required for this Emergency Request for Non-Standard Testing Accommodations is an integral part of the request. I acknowledge that I have been informed that my emergency request for non-standard testing accommodations will not be considered unless all of the documentation is filed by the deadline for emergency requests for the examination for which I have applied. I understand that if I am asked for information or documentation by the Board, I have a duty to provide the information or documentation by the date requested and if the information or

Applicant Name _____

Exam Date: [] Feb [] July 20____ (Year)

documentation cannot be obtained in a timely manner my request for testing accommodations may be denied.

[] Yes, understand documentation requirements

If testing accommodations are provided to me which include any deviation from the standard testing time schedule, I agree that from the time I begin the examination until I have completed the entire examination, I will not communicate in any way, to the extent possible, with any other individuals taking the examination and that I will not communicate in any way with any such individuals about the contents of the examination.

[] Yes, understand cannot communicate with other individuals taking the examination

I further declare that, having submitted the electronic Emergency Request for Non-Standard Testing Accommodations, no revisions or alterations have been made to the text or questions contained therein; and that if revisions or alterations are made, I understand that the request for non-standard testing will be denied.

(Signature)

(Date)