

## Georgia Office of Bar Admissions

### REQUEST FOR NONSTANDARD TESTING ACCOMMODATIONS FORM A

Any applicant requesting Nonstandard Testing Accommodations (NTA) pursuant to the Americans with Disabilities Act (ADA) in connection with a Georgia Bar Examination must file this Form A along with Forms B-D and submit all documentation in a single PDF file to **TestingAccommodations@gasupreme.us**.

All requests must be received by the Office of Bar Admissions by **November 1** for the **February** exam and **April 1** for the **July** exam. All requests for accommodations are submitted to independent consulting experts of the Board of Bar Examiners for review and recommendation. After the deadline, there is simply not sufficient time for the Board's consulting experts to review all documentation and make appropriate recommendations. You are encouraged to submit as early as possible.

1. Examination for which you are currently applying

July of

February of

2. General Information

Applicant name:

Last four digits of your Social Security Number:

Street address:

City, State, Zip:

Email address:

Cell phone number:

3. Nature of your disability and its effect upon your ability to take the bar examination

A. Check all that apply

Physical Impairment

Attention Deficit Disorder/Hyperactivity Disorder (ADD or ADHD)

Learning Disorder

Specify Type

Visual Impairment

Psychiatric or Psychological Disorder

Other

B. Provide a detailed description of the impairment that is the basis of your request for NTA.

C. Explain how your disability affects your daily life and your ability to take the bar examination under standard testing conditions.

D. Provide the name, complete address, email address, and phone number, of each medical or psychological authority who is providing a Certificate of Medical or Psychological Authority (Form B) in support of your request for NTA.

4. Accommodations requested for the Georgia bar examination

Please indicate below all NTA you are requesting in connection with the Georgia Bar Examination. If you are requesting additional time, specify how much additional time.

**Please note:** The use of a computer to answer the essay portions of the exam is not considered a nonstandard accommodation in Georgia. All applicants have the option of using their personal laptop computers by registering to participate in the laptop program. All applicants, including NTA applicants, who wish to use their laptop computers, must [register](#) for the laptop program.

5. Recent medical documentation

Using Form B (Certificate of Medical/Psychological Authority), you must include a copy of a comprehensive written report from a qualified professional who conducted an individualized assessment and who gave the diagnosis that forms the basis for this request for NTA. If you have more than one disability, you must submit recent medical documentation to support each disability. A recent copy of your medical professional's curriculum vitae must be attached.

6. Historical documentation

If the application for testing accommodations is based upon a condition commonly appearing although not always formally diagnosed in childhood, such as a learning disability, Attention Deficit/Hyperactivity Disorder, or other cognitive disorder, it is extremely helpful to include: documentation of your first formal diagnosis and copies of any available historical documentation that can establish a childhood onset of symptoms and impairment.

7. Nonstandard accommodations previously provided for your disability

A. Please indicate below whether and, if so, where you received NTA for course examinations or course work. Check all that apply and provide a detailed description of any NTA received. In addition, provide a Form C (Certificate of Nonstandard Testing, Accommodations) from each post-secondary educational institution at which you received NTA.

No such NTA requested or received.

Law School

Describe NTA

Graduate School (other than law school)

Describe NTA

College

Describe NTA

High School

Describe NTA

Elementary/Middle/Junior High School

Describe NTA

Other

Specify

Describe NTA

- B. Please indicate below whether and, if so, where you received NTA for any standardized, licensing, or post-secondary entrance examinations. Check all that apply and provide a detailed description of any NTA received. In addition, provide Form C (Certificate of Nonstandard Testing Accommodations from each testing entity and educational institution from which you received NTA.

No Such NTA requested or received

MPRE

Describe NTA

LSAT

Describe NTA

GMAT

Describe NTA

GRE

Describe NTA

ACT

Describe NTA

SAT

Describe NTA

Other

Specify

Describe NTA

- C. Please indicate below whether you received NTA for a bar examination in any jurisdiction other than Georgia. In addition, provide Form C (Certificate of Nonstandard Testing Accommodations) from each jurisdiction from which you received NTA.

I have not requested or received NTA for any bar examination outside Georgia.

I received NTA for a barexamination in the following jurisdiction(s):

Describe NTA in each jurisdiction.

D. If you have never requested NTA for your disability in an educational, testing, or licensing setting, please provide an explanation of your reasons for not doing so.

E. Please indicate below whether you have ever requested NTA for your disability in any setting and had your request denied. Provide the name and address of any entity to which the request was made, the date of the request, a detailed description of the NTA requested, and a description of the basis on which your request was denied.

I have not made a request for NTA that was denied.

I have made a request for NTA that was denied.

Specify name and address of entity to which request was made.

Specify date of request.

Describe NTA requested.

Describe basis on which request was denied.

## 8. Acknowledgment and Certification

I understand that my request for NTA will not be considered by the Board of Bar Examiners unless and until I file a completed Request for NTA (Form A) along with the fully completed Forms B-D and all other required and supporting documents from third parties.

I understand that it is my responsibility to ensure that the Certificate(s) of Medical or Psychological Authority (Form B), and all necessary supporting documents are properly completed and timely returned to me for filing. I understand that it is my responsibility to ensure that all required Certificates of Nonstandard Testing Accommodations (Form C) are properly completed and timely returned to me for filing.

I understand that I must submit this request and all documentation by the posted deadlines of November 1 by 4 pm for the February exam and April 1 by 4 pm for the July exam.

I understand that I must provide any additional information or documents required by the Board and/or its independent consultants.

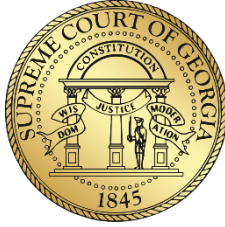
If I am accorded NTA that includes a deviation from the standard testing schedule, I hereby certify that prior to my completion of the Georgia Bar Examination, I will not communicate with any person about any aspect of the examination, view any portion of the examination in advance, or in any other manner seek or convey information concerning the contents of, or answers to, the examination.

I hereby certify that the foregoing application, required forms, and supporting documents, are complete and accurate.

Date of Execution

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Signature of Applicant



## Georgia Office of Bar Admissions

### CERTIFICATE OF MEDICAL OR PSYCHOLOGICAL AUTHORITY FORM B

In re the request of

for Nonstandard Testing Accommodations.

**This form must be completed by a professional who is qualified to diagnose the applicant's disability and familiar with its current impact on the applicant's ability to perform on the Georgia Bar Examination. The recommendations for nonstandard testing accommodations must be specific, and diagnoses must support a current need for the accommodation(s). A description of the Georgia Bar Examination is set forth at the end of this form. Attach and sign extra pages to complete your answers as necessary.**

1. Please provide your name, address, email address, and phone number, and describe the professional qualifications (terminal degree, clinical specialty, licensure, etc.) that enable you to act in the capacity of a medical or psychological authority regarding the applicant's physical or mental impairment. **A recent copy of your curriculum vitae must be attached.**
2. List the date(s) on which you examined the applicant.
3. Describe the nature and severity of the applicant's physical or mental impairment and discuss its effects on the applicant's ability to take the Georgia Bar Examination under standard testing conditions.



4. List the tests, studies, and/or procedures used to diagnose the physical or mental impairment and attach a copy of all pertinent medical or psychological records, including results of laboratory studies, diagnostic tests, and clinical procedures used to determine the presence and severity of impairment. In the case of psychological and psychoeducational testing, please attach all raw data and psychological reports pertinent to the impairment.
  
5. Advise with specificity the nonstandard testing accommodations you recommend for the applicant. Explain in detail how each accommodation relates to the applicant's physical or mental impairment and why each accommodation is needed. In each instance, support your recommendation with specific test results or clinical observations. If your recommendation includes an extension of the standard examination time, please specify the amount of extra time recommended on each segment of the examination and describe your rationale for the amount of time recommended

Date of execution

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Signature

### **Description of the Georgia Bar Examination**

The Georgia Bar Examination is a proctored, timed, two-day examination that takes place at the Georgia International Convention Center. The applicant appears in person and is seated in a large room with the ability to get up and walk to a restroom at will during the exam. The standard exam is scheduled 9:30 a.m.-12:30 p.m. and 2:00 - 5:00 p.m. Accommodated applicants with extra time test over the same two days for an extended period. Double-time applicants test over four days.

On the first day, applicants handwrite or use their laptop computers to type essay answers. The essay answers are in two formats. For the three-hour morning session, applicants complete two Multistate Performance Test (MPT) tasks (skills-based essays). There is a one-hour break. During the afternoon session, applicants spend three hours answering four essay questions.

On the second day, applicants answer 200 multiple choice questions on the standardized Multistate Bar Examination (MBE). This exam is administered on paper via two scantron sheets. The morning session is three hours with 100 questions, followed by a one-hour break. The afternoon session (with the remaining 100 questions) is three hours.



## Georgia Office of Bar Admissions

### CERTIFICATE OF NONSTANDARD TESTING ACCOMMODATIONS FORM C

- ☐ I have never requested testing accommodations from any educational institution, testing authority, or employer.
- ☐ I have requested testing accommodations from the educational institution, testing authority, or employer listed below.

\_\_\_\_\_  
Signature of Applicant

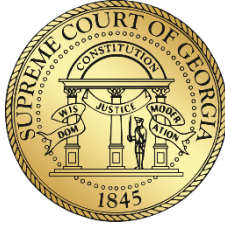
In re the request of \_\_\_\_\_ for nonstandard testing accommodations.  
(Applicant's name)

This form is to be completed by an authorized representative of any educational institution, testing authority, or employer that has provided nonstandard testing accommodation(s) to the above applicant. ***Please note that you may submit the Accommodations Confirmation letter you received from MPRE and/or LSAT in lieu of Form C.***

1. Please provide your name, position, email address, and phone number, as well as the name of your educational institution or testing authority.
2. Please advise the course of study in which the applicant was enrolled or the testing program for which the applicant was registered and the date(s) of such course of study or testing program.
3. Please describe the nonstandard testing accommodation(s) requested by the applicant.
4. Please provide a detailed description of the nature of the physical or mental impairment of the applicant that served as the basis for the decision to provide nonstandard testing accommodation(s).
5. Please provide a detailed description of the nonstandard testing accommodation(s) provided to the applicant and the manner in which the accommodations differed from customary testing conditions.
6. Please describe any nonstandard testing accommodation(s) requested by the applicant that were not provided and the reason(s) for the denial.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative



## Georgia Office of Bar Admissions

### AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION FORM D

I authorize the individual and/or entity named below to release and exchange information with the Georgia Board of Bar Examiners and with the Board's medical and psychological consultants. The purpose of this authorization is to provide information for the determination of eligibility for nonstandard testing accommodation(s) on the Georgia Bar Examination. Specifically, this authorization permits the release and exchange of all aspects of my medical, psychological, legal, educational, employment, and social history, including but not limited to psychological test records, laboratory results, mental status examinations, symptom reviews, life history, current and past substance use, medical treatment, criminal behavior, and employment. It is further understood that the exchange of information may occur via regular or special delivery mail, electronic mail, facsimile transmission, and/or telephone. This authorization will expire 180 days from the date of signature and may be withdrawn at any time by emailing [TestingAccommodations@gasupreme.us](mailto:TestingAccommodations@gasupreme.us).

Name of individual or entity to whom authorization is granted

Street Address

City, State, Zip

Email Address

Phone Number

Applicant Name

Previous Applicant Name (if Applicable)

Applicant's Email Address

Applicant's Phone Number

Date of Execution

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Signature of Applicant