

# Form E – PSYCHOLOGICAL DISABILITY VERIFICATION FORM

## I. Qualifications of the Licensed Healthcare Professional

In regards to the Petition of \_\_\_\_\_ (Petitioner)

Name of professional completing this form: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation/specialty: \_\_\_\_\_ / \_\_\_\_\_

(Jurisdiction) License/Certification Number \_\_\_\_\_

Name of Licensing Entity: \_\_\_\_\_

### ➤ NOTICE TO LICENSED HEALTHCARE PROFESSIONAL:

For your convenience, a fillable PDF version of this form (Form E – Psychological Disability) is also available on the Board's website ([barexam.virginia.gov/bar/barnstforms.html](http://barexam.virginia.gov/bar/barnstforms.html)). Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Following is the Board's policy for determining whether to grant test accommodations on the Virginia Bar Examination:

*In deciding petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA) as interpreted by controlling case law.*

*A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.*

*The effects of corrective and mitigating measures—both positive and negative—will be considered when determining whether a bar applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken, with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body's own systems.*

*Thus, merely having an impairment does not make an individual disabled for purposes of the ADAAA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADAAA, an applicant must further show that the limitation on the major life activity is "substantial."*

*The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.*

*Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.*

Is the Applicant's disability within your field of expertise? \_\_\_\_ Yes \_\_\_\_ No

If your answer is "yes," please describe the credentials which qualify you to diagnose and/or verify the Applicant's disability.

Please describe the training you have had in the area of making recommendations for specific time accommodations on licensing examinations such as the Virginia Bar Examination.

## **II. Psychological Disability**

1. State the specific diagnosis of the disability affecting the Applicant.

2. When was the Applicant first diagnosed with this condition? \_\_\_\_\_

3. Did you make the initial diagnosis? \_\_\_\_ Yes \_\_\_\_ No

If no, please state the name, address, and telephone number of the professional who made the initial diagnosis.

4. Briefly describe the Applicant's current self-reported symptoms of mental or psychological disabilities.

5. Are these symptoms secondary to any other disorders? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain

6. What other diagnoses were considered?

7. How were other diagnoses ruled out?

8. How long has the Applicant had a documented history of mental or psychological disability?

9. Is this person being treated for the condition/disability? \_\_\_\_ Yes \_\_\_\_ No
- a. If yes, briefly describe treatment.
  - b. If the treatment includes medication, state each medication the Applicant is taking for this disability or condition and describe how the medication affects, abates, and/or treats the disability or condition. If the medication alone alleviates the Applicant's condition, so state.
  - c. Summarize any side effects your patient has experienced with this medication, specifically including any which will affect his/her performance on the Virginia Bar Examination.
10. What remediation techniques have been attempted to alleviate this Applicant's impairment during tests? Have they worked?
11. Describe in detail all major life activities which are **substantially limited** by the Applicant's diagnosed disability at the current time. If there are none, so state.

12. Is there any objective evidence that the requested accommodations have facilitated the Applicant's test performance in the past? ☐ Yes ☐ No  
If yes, please explain.
13. Please attach a psychological report that contains information necessary to document your diagnosis. The information in the psychological report should include the following:
- ☐ Full mental status
  - ☐ Psychosocial history (family, medical, educational, vocational, etc.)
  - ☐ Differential diagnoses
  - ☐ Diagnostic formulation
  - ☐ Prognosis
  - ☐ All five axes of the DSM-IV
14. If psychological/neuropsychological testing was conducted, please provide all test scores with interpretation.
15. In its current state, is the Applicant's disability temporary or permanent? ☐ Temporary ☐ Permanent
16. If you indicated the disability to be temporary, state when and under what conditions the disability/condition is likely to abate.

### **III. Complete Attachments**

1. TESTING MODIFICATIONS REQUEST CHART (TMRC); if applicable
2. ADDITIONAL TIME REQUEST CHART (ATRC); if applicable

#### **IV. Licensed Healthcare Professional's Certification**

I have attached to this Form E copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to the Form E for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications will not be processed without these records causing him/her to make a choice to take the Virginia Bar Exam under standard testing conditions or to delay taking the Virginia Bar Exam until the Petition is complete.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification of my responses on this form.

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

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Signature of Licensed Healthcare Professional

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Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's medical specialist, clinical psychologist, or other consultant.

## Testing Modifications Request Chart (TMRC)

Standard testing on the Virginia Bar Examination (VBE) is two days. The first day is the Virginia Essay session administered in two 3-hour sessions and the second day is the Multistate Bar Examination (MBE) which is a standardized test also administered in two 3-hour sessions. There is about a 1 ½ hour lunch break between sessions on each day of the exam. ADDITIONAL TIME REQUEST CHART (ATRC) details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6' table or three per 8' table. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to get a drink of water.

In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

Check YES for all Testing Modifications required to accommodate applicant's disability and the rationale for such accommodation.

Requested	Accommodations	Specific rationale for accommodation.
____ YES	Additional testing time	To receive additional time, provide the amount of time per session on the <b>ADDITIONAL TIME REQUEST CHART (ATRC)</b> .
____ YES	Large Print Testing Materials ____ 18pt ____ 24pt	
____ YES	Braille version of Exam	
____ YES	Use of magnifying glass or special visual aid/apparatus	
____ YES	Assistance in filling in MBE grid	
____ YES	Use of sign language interpreter	
____ YES	Use of a reader	
____ YES	Transcriptionist/Court Reporter/Typist	
____ YES	Audio cassette version of exam	
____ YES	Separate testing area (with like accommodated applicants)	
____ YES	Private testing area	
____ YES	Wheelchair accessibility	
____ YES	Other requests not listed above _____	

## Additional Time Request Chart (ATRC)

### **Day 1 – Essay & Short Answer**

Consists of 9 Essay Questions and 10 Short Answer Questions broken into Morning and Afternoon sessions. Standard sessions are 3 hours (180 minutes) each. Applicants can choose to handwrite or type the answers on his or her laptop computer. Applicants who choose to handwrite the answers are provided booklets containing 4 sheets of lined paper (8 total pages front and back), and typically an applicant does not use that much paper. Applicants who choose to type the answers using a laptop, must register, pay and download the required software.

**Morning Session** – consisting of 5 Essay Questions in various subject matters.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 1 Morning Session:</b>	_____	minutes

**Afternoon Session** – consisting of 4 Essay Questions in various subject matters and 10 Short Answer Questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 1 Afternoon Session:</b>	_____	minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the essay portion of the Virginia bar exam under standard testing time and conditions.

### **Day 2 – Multistate Bar Exam**

Consists of 200 multiple-choice Multistate Bar Exam (MBE) questions which must be answered by using a pencil and bubbling in circles on a computer-graded grid sheet.

**Morning Session** – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 2 Morning Session:</b>	_____	minutes

**Afternoon Session** – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)	_____	minutes
<b>Total Time Requested for Day 2 Afternoon Session:</b>	_____	minutes

Provide an explanation as to how the specific aspect(s) of applicant's claimed disability affects his or her ability to take the Multistate (MBE) portion of the Virginia bar exam under standard testing time and conditions.