

Form B – PHYSICAL 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 B - Physical Disability) is also available on the Board's website (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 definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA), and 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 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. Information Concerning Applicant's 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. Describe the specific diagnostic criteria and/or diagnostic tests used, including date(s) of evaluation, test results, and a detailed interpretation of test results. **Please note that you must also attach to this form or provide directly to the Board a complete copy of the testing conducted and any assessments, as well as copies of your notes and other records relating to the Applicant.**

If you need more space, continue on a separate page.

5. State each date you have seen the Applicant for a consultation:

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6. When was your last complete evaluation on the Applicant? _____

7. What occasioned this evaluation (i.e. specific health complaints, need for updated evaluation for accommodation, etc.)?

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8. Briefly describe your treatment of this disability or condition and state the effect of the treatment on the disability or condition.

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9. State each medication the Applicant is taking for this disability or condition and how it affects, abates and/or treats the disability or condition.

10. Summarize any side effects the Applicant has experienced with this medication, emphasizing any which will affect his or her performance on the Virginia Bar Examination.
11. In its current state, is the Applicant's disability temporary or permanent? ____ Temporary ____ Permanent
If you indicated the disability to be temporary, state below when and under what conditions the disability/condition is likely to abate.
12. Describe in detail all major life activities that are **substantially limited** by the Applicant's diagnosed disability **at the current time**. If there are none, so state.
13. Is there any objective evidence that the recommended testing accommodations have facilitated the Applicant's test performance in the past? ____ Yes ____ No If yes, please explain.
14. If you based your recommendations regarding additional testing time on Applicant's reduced handwriting speed/keyboarding speed or ability, please describe all tests conducted by you or relied on by you to determine the speed at which the Applicant writes as compared to that of a person without Applicant's disability.

15. Is there any medical or scientific study you can cite which provided data enabling you to determine, on an objective basis, the exact amount of additional testing time which will place the Applicant in a testing position akin to that enjoyed by a person who does not have this disability? ____ Yes ____ No
If yes, please attach a copy of the study to this form. Describe how the study supports the accommodations you have recommended for Applicant.

III. Complete Attachments

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

IV. Licensed Healthcare Professional's Certification

I have attached to this Form B 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 B 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 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.

Signature of Licensed Healthcare Professional

Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's expert or consultant.

Testing Modifications Request Chart

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. 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 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 ADDITIONAL TIME REQUEST CHART .
____ 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 CD 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 & Multiple Choice

Consists of 9 Essay Questions and 10 Multiple Choice 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
Total Time Requested for Day 1 Morning Session:		minutes

Afternoon Session – consisting of 4 Essay Questions and 10 Multiple Choice Questions in various subject matters.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 1 Afternoon Session:		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
Total Time Requested for Day 2 Morning Session:		minutes

Afternoon Session – consisting of 100 multiple-choice questions.

Standard Time (3 hrs = 180 minutes)	180	minutes
Additional Requested Time (Minutes)		minutes
Total Time Requested for Day 2 Afternoon Session:		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.