Administrative Accommodation (Non-ADA) Request Form

If your health condition that requires any of the following exceptions to exam rules or specific assistance during the bar exam, then you must submit this form with your online application. If not with your exam application, you must submit it as soon as you become aware of the need for the administrative accommodation. If the administrative accommodation is approved you will be notified at least one week prior to the exam. Note that this form is not to be used for, or in conjunction with, requests made under the Americans with Disabilities Act, or ADAAA.

You should submit this form if any of the following needs apply to your upcoming exam:

- 1. You have medical equipment, which you might require access to due to a health condition, and the equipment is noisy or would otherwise distract other exam takers;
- 2. You have medical technology stored on your mobile phone, or you have medical equipment with technology that records and stores information similar to your mobile phone, and you have a health condition that requires you bring this item into or near the exam room;
- 3. You have a health condition that requires you to be seated close to the restroom;
- 4. You have a health condition you to be seated near a speaker or clock;

here: https://admissions.osbar.org/browseapplication.action?id=97.

5. You will be lactating during the exam, and need a private room in-between exam sessions so that you may breastfeed your baby, or express milk into a container for future use.

Reminder: This is NOT an ADA accommodation request form. You can find the ADA accommodation forms

State the nature ofvour administrative accommodation request: The health condition that is the basis of your request: Applicant Name (print clearly): Date: Applicant Signature: The area below your signature MUST BE COMPLETED BY YOUR TREATING MEDICAL PROVIDER: NOTE to Medical Providers: Exam sessions are three hours long. Examinees have access to restrooms from the start until 10-minutes before the end of each session. All medical prescriptions are permitted in the exam room, unless they are equipment that is bulky, noisy or otherwise distracting to other test takers. Food is allowed in the exam room, as long as it is visible at all times. Beverages are allowed, so long as they are contained in a container with a secure lid. Name of Treating Physician: Medical License Number: State issuing License:

Date of first diagnosis/treatment for condition: Due Date Infant date of birth (for pregnant or lactating moms):		
	ms (noisy/cumbersome physical aids/supports, etc.) required during exam:	
Date:	_ Signature of Medical Provider:	