

STATE OF NEW JERSEY
BOARD OF BAR EXAMINERS
Appointed by the Supreme Court of New Jersey

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PO Box 973
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Tel: (609) 815-2911 Fax: (609) 815-2913

**New Jersey February 2021 Remote Uniform Bar
Examination (UBE)
Non-standard Testing Accommodations (NTA) Application**

The testing format and requirements for the **February 2021 Remote Uniform Bar Examination (UBE)** are different from those of prior bar examinations. This new application must be completed by all applicants seeking accommodations for the **February 2021 Remote Uniform Bar Examination (UBE)** whether or not you have requested accommodations for a prior examination. This application provides all of the information you and your medical / psychological authorities need to properly assess the accommodation(s) you may wish to request pursuant to the Americans with Disabilities Act (ADA).

COVID-19 Impacts: Please review the COVID-19 administrative requirements with respect to test format, in-person testing, health and safety and travel.

Test Format: Due to the COVID-19 pandemic, the **February 2021 Remote Uniform Bar Examination (UBE)** will be an online examination, proctored remotely.

In-Person Testing: To ensure the security of the National Conference of Bar Examiner's (NCBE's) copyrighted test materials, those requesting the use of nonstandard test material formats (e.g., audio, USB (to be paired with assistive software), or other non-standard formats) must be proctored in person. In addition, if additional in-person assistance is granted as an accommodation, the examination must be proctored in-person.

Health and Safety: To the limited extent that applicants may be testing in-person, rather than in their own remote testing space, the Board of Bar Examiners will be implementing a plan to administer the examination in accordance with Center for

Disease Control (CDC) and New Jersey Department of Health (NJ DOH) guidelines. Currently, these guidelines include behaviors such as: proper personal hygiene, proper and frequent hand washing, social distancing and the wearing of masks. The Board of Bar Examiners will continue to closely monitor public health and safety guidelines related to the COVID-19 pandemic and will provide updates which may impact the administration of the bar examination, as necessary.

Travel: Applicants must be mindful of the travel advisory issued by Governor Murphy and note that individuals are expected to remain in self-quarantine for 14-days following travel to an affected area. Applicants and staff may not report to the test site within that 14-day timeframe. More information about the travel advisory is available here:

<https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey>)

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To secure an accommodation, applicants must complete this application in addition to the online application for the bar examination application. Please read the instructions carefully.

February 2021 Remote Uniform Bar Examination (UBE)

Have you been approved for Accommodations in New Jersey for a prior exam? Yes* No

Are you requesting the exact same accommodations for this exam?
 Yes No

***If you were previously approved for the same accommodations in New Jersey within the past three years, you DO NOT need to resubmit the NTA Certificate of Medical or Psychological Authority or the Certificate of Law School Official.**

If your medical documentation is more than three years old, you will need to provide an updated Certificate of Medical or Psychological Authority.

If you were approved for accommodations in New Jersey within the past three years and you are requesting different accommodations, other than those previously approved, you will need to provide an updated Certificate of Medical or Psychological Authority.

**New Jersey February 2021 Remote Uniform Bar
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Your completed NTA application may be delivered to the ADA Coordinator by mail or via encrypted e-mail. Instructions are provided below. To facilitate a timely submission and response under the present circumstances, encrypted e-mail is preferred.

Applications **and all supporting documents must be delivered/postmarked or e-mail dated by Monday, November 30th.**

If mailing your application: Please send to the ADA Coordinator at:

NJ Board of Bar Examiners
25 W. Market Street
8th Floor North Wing Trenton, NJ 08611
(for UPS, FedEx, etc.)

or NJ Board of Bar Examiners
PO Box 973
Trenton, NJ 08625
(for U.S. Postal Service)

If sending your application via encrypted e-mail: To send your application via encrypted e-mail, send a request for an encrypted e-mail to the ADA Coordinator at: barada.mailbox@njcourts.gov with the subject line “Encrypted e-mail Request.” Once we receive your request, we will send the encrypted e-mail response. Once you receive that response, use it to attach your application and all supporting documentation. The above stated application deadlines are still applicable.

Confirmation of receipt: A confirmation e-mail acknowledging receipt of your application will be e-mailed to your user homepage.

**New Jersey February 2021 Remote Uniform Bar
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Name of Applicant: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: _____

E-Mail Address: _____

If you do not submit a complete application by the deadline, you may not be considered for accommodations.

I understand that the full and correct completion of this Application for Non-Standard Testing Accommodations for the New Jersey Bar Examination is a prerequisite for the Board of Bar Examiners' consideration of my application for testing accommodations. I certify that I have read the foregoing Application and the facts stated therein are true and complete to the best of my knowledge and belief. I acknowledge that if any answers are willfully omitted or false, I may prejudice my examination results, my admission to the Bar of the State of New Jersey, and my subsequent good standing as a member of the Bar. Further, I acknowledge that I may be subject to such penalties as provided by law.

Date

Signature

Print Name

Retain a copy of this statement for your records

**New Jersey February 2021 Remote Uniform Bar
Examination (UBE)
Non-standard Testing Accommodations (NTA) Application**

ACCOMMODATIONS REQUESTED

State the testing accommodations you are requesting and explain their relationship to your physical or mental impairments. Be certain to state if you are requesting accommodations for the Multistate Performance Test (MPT), Multistate Essay Examination (MEE) & Multistate Bar Examination (MBE) portions of the examination and the accommodations requested for each portion. If you are requesting additional time, you must indicate how much time you are seeking.

DESCRIPTION/NATURE OF DISABILITY

Describe your disability below. Include diagnosis and prognosis, date of onset, and current physical condition, based on an examination by your doctor. In addition, please provide documentation from your treating physician(s) and/or therapist(s):

**New Jersey February 2021 Remote Uniform Bar
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PAST ACCOMMODATIONS MADE FOR YOUR DISABILITY

Indicate below if you have received testing accommodations in the past. Be specific about the accommodations received. Attach additional documentation if applicable. List the dates of attendance at the individual institutions if accommodations received.

SAT Granted Denied Not Requested Dates _____

College Granted Denied Not Requested Dates _____

LSAT Granted Denied Not Requested Dates _____

Law School Granted Denied Not Requested Dates _____

MPRE Granted Denied Not Requested Dates _____

Bar Exams

Indicate if you have received accommodations on bar examination(s) in any other jurisdiction or in any other educational or testing setting.

Describe the accommodations you received

Attach a copy of your admission ticket or letter indicating the accommodations granted.

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NON-STANDARD TESTING ACCOMMODATIONS APPLICATION
AUTHORIZATION AND RELEASE

I, _____, in connection with my Application for Non-standard Testing Accommodations at the New Jersey Bar Examination authorize the New Jersey Board of Bar Examiners to provide, at the Board's discretion, a copy of any and all documents which I submit in connection with this Application to such persons and/or consultants as the Board may deem necessary to adequately evaluate my application.

I hereby release, discharge and exonerate the New Jersey Board of Bar Examiners, its agents and representatives, and/or any person so furnishing information from any/all liabilities of every nature and kind arising out of the furnishing, inspection or receipt of such documents, records and other information or the investigation made by or on behalf of the New Jersey Board of Bar Examiners.

Exam Month: **February**

Exam Year: **2021**

(Signature)

(Print Name)

(Date)

Non-standard Testing Accommodations Application
Authorization & Release 1 of 1

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NON-STANDARD TESTING ACCOMMODATIONS APPLICATION
CERTIFICATE OF MEDICAL OR PSYCHOLOGICAL AUTHORITY

In the Matter of the Application of _____
for Admission to the New Jersey Bar Examination.

The New Jersey Board of Bar Examiners endeavors to provide testing accommodations to candidates with disabilities to the extent that such accommodations are reasonable, consistent with the nature and purpose of the examination, and necessitated by the candidate's disabilities. Please complete this form and return it to the candidate for submission to the New Jersey Board of Bar Examiners. It is an integral part of the evaluation process by the Board of Bar Examiners. Thank you in advance for your assistance in the timely completion of this form.

PLEASE PRINT OR TYPE

(Please use additional pages where necessary)

Please state your name, address, telephone number, facsimile number and e-mail address and describe your professional qualifications (terminal degree, clinical specialty, licensure, etc.) that enable you to act in the capacity of medical or psychological authority on the applicant's physical or mental impairment. **A current copy of your *curriculum vitae* must be attached.**

The undersigned hereby certifies as follows:

1. I examined the above-named applicant on the _____ day of _____, 20____.
2. List the complete ICD (International Classification of Diseases) diagnosis of the physical impairment or the complete multi-axial DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders) diagnosis of the mental impairment, including all relevant severity and course specifiers and a rating of the Global Assessment of Functioning.

3. Is this condition permanent? Yes_____ No_____ If no, when will it abate?
4. Under standard testing conditions for the **February 2021 Remote Uniform Bar Examination (UBE)**, the testing schedule is as follows:

DAY ONE

Multistate Performance Test (MPT) Question 1: 90 minutes

Break: 30-minutes

Multistate Performance Test (MPT) Question 2: 90 minutes

Lunch: 90 minutes

Multistate Essay Examination (MEE) Questions 1-3: 90 minutes

Break: 30-minutes

Multistate Essay Examination (MEE) Questions 4-6: 90 minutes

DAY TWO

Multistate Bar Examination (MBE) Questions 1-50: 90 minutes

Break: 30-minutes

Multistate Bar Examination (MBE) Questions 51-100: 90 minutes

Lunch: 90 minutes

Multistate Bar Examination (MBE) Questions 101-150: 90 minutes

Break: 30-minutes

Multistate Bar Examination (MBE) Questions 151-200: 90 minutes

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 bar examination under standard testing conditions.

5. 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. (You may attach additional pages, if necessary.)

6. State the testing accommodations you recommend for the applicant and explain how the accommodations relate to the applicant's physical or mental impairment. If your recommendations include an extension of the customary examination time frame (see Item 4, above), describe your rationale for amount of the time recommended.

I certify that the foregoing statements made by me are true and correct to the best of my knowledge and belief.

Signed this _____ day of _____, 20_____.

Signature: _____

Print Name: _____

Title: _____

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NON-STANDARD TESTING ACCOMMODATIONS APPLICATION
CERTIFICATE OF LAW SCHOOL OFFICIAL

In the Matter of the Application of _____
for Admission to the New Jersey Bar Examination
(Please use additional pages, if necessary)

The New Jersey Board of Bar Examiners endeavors to provide testing accommodations to candidates with disabilities to the extent that such accommodations are reasonable, consistent with the nature and purpose of the examination, and necessitated by the candidate's disabilities. Please complete this form and return it to the candidate for submission to the New Jersey Board of Bar Examiners. It is an integral part of the evaluation process by the Board of Bar Examiners. Thank you in advance for your assistance in the timely completion of this form.

1. Please state your name, your position, and the name, address, e-mail address, telephone number and facsimile number of your law school:
2. State the nature of the applicant's physical or mental impairment that served as the basis for granting testing accommodations:

3. While attending this law school, the above-named applicant (check all that apply):
- Did not request testing accommodations;
 - Requested testing accommodations;
 - Was not given testing accommodations;
 - Was given testing accommodations as described below.
4. Specifically describe the testing accommodations granted to the applicant, including how they differed from customary testing procedures and conditions.
5. Describe the documentation that served as the basis for granting the applicant special testing conditions.
6. Please describe any testing accommodations requested by the applicant that were not granted and the reasons for the denial.

I certify that the statements made by me are true and correct to the best of my knowledge and belief.

Signed this _____ day of _____, 20 _____.

Signature: _____

Print Name: _____

Title: _____