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BOARD OF BAR EXAMINERS
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**New Jersey Bar Examination
Non-standard Testing Accommodations (NTA)
Certificate of Medical or Psychological Authority**

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 certification and return it to the applicant for submission to the New Jersey Board of Bar Examiners. Your input 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 mandatory documentation.

PLEASE PRINT OR TYPE
(Use additional pages as needed)

In the Matter of the Application of _____ for
Admission to the New Jersey Bar Examination. (Applicant Name)

1. MEDICAL AUTHORITY CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____

2. CREDENTIALS

Describe your professional qualifications (e.g., terminal degree; clinical specialty; licensure or certification) and experience to diagnose the applicant's condition, and to recommend non-standard testing accommodations.

IMPORTANT NOTICE

RE: Standard Testing Conditions

On the first day, applicants are given three hours in the morning to answer two Multistate Performance Test (MPT) items (2 essay questions), and three hours in the afternoon to answer six Multistate Essay Examination (MEE) essay questions (6 essay questions covering up to 12 areas of law). On the second day, they are given three hours in the morning to answer 100 Multistate Bar Examination (MBE) multiple choice questions and three hours in the afternoon to answer the same number of questions.

3. THE UNDERSIGNED HEREBY CERTIFIES AS FOLLOWS.

A. I examined the above-named applicant on the following dates:

_____	_____	_____
_____	_____	_____

- B. Provide a concise description of the applicant's diagnosis including the specific diagnosis according to the current edition of the DSM (Diagnostic and Statistical Manual of Mental Disorders) or ICD (International Classification of Diseases) and a diagnostic formulation that relates the applicant's history and current symptoms, and clinical or empirical findings to the published diagnostic criteria.

- C. Is this condition permanent?

☐ Yes_____ ☐ No_____

If no, when will it abate? _____

- D. Describe the nature and severity of the applicant's impairment and discuss the impact of the impairment on the applicant's ability to take the bar examination under standard testing conditions (see Notice on page 2). Include a discussion of the age of onset, course of illness, and description of symptom frequency, intensity, and duration.

E. List the tests, studies and/or procedures used to diagnose the physical or mental impairment.

- i. Also, 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.
- ii. In the case of psychological, psychoeducational, or neuropsychological testing, please attach all empirical data (age-based standard scores and percentiles) and psychological reports that include an interpretation of test findings and diagnostic conclusions pertinent to the impairment.

F. 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 recommendation includes an extension of the customary examination time (see Notice on page 2), describe your rationale for the additional amount of time.

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

Signed this ____ day of _____, 20____.

Signature: _____

Printed Name: _____

Title: _____