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.

A copy of this form is also available at the New Jersey Board of Bar Examiners website: http://www.njbar-exam.org/ or by calling the Secretariat at (609) 815-2911.
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: ________________________________________________

Medical/Psychological Authority Certificate