New Jersey Bar Examination
Non-standard Testing Accommodations (NTA) Application

Month: February _____    July _____    Year ________

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 are requesting different accommodations, you will need to provide an updated Certificate of Medical or Psychological Authority.

If you were approved for accommodations in New Jersey more than three years ago, you will need to resubmit the Certificate of Law School Official.
This application must be completed in addition to your online bar examination application. Please read the instructions carefully. The completed NTA application must be mailed to the ADA Coordinator at:

NJ Board of Bar Examiners or NJ Board of Bar Examiners
25 W. Market Street PO Box 973
8th Floor North Wing Trenton, NJ 08611 Trenton, NJ 08625
(for UPS, FedEx, etc.) (for U.S. Postal Service)

The application and supporting documents must be delivered/postmarked by November 30th for the February exam, or by April 30th for the July exam.

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
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.

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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):

________________________________________________________________________

________________________________________________________________________

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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 ________

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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.