

KENTUCKY OFFICE OF BAR ADMISSIONS

RE-APPLICATION FOR NON-STANDARD TEST ACCOMMODATIONS

INSTRUCTIONS

Any applicant who is re-applying for non-standard test accommodations for the bar examination must complete and return the Re-Application Form A-1 for Non Standard Test Accommodations. This form, along with any necessary documentation required, must accompany the Application for Admission by Examination.

All documentation originally submitted with your Application for Non-Standard Test Accommodations remains with your original file records. You will be required to submit current documentation from a physician, a psychologist, psychiatrist or other qualified person or institution in the field directly related to your disability. To update the original evaluation and/or documentation, you need to submit a letter, report or re-assessment from your healthcare professional after a recent visit, within the last 6 months. Information regarding your current condition, whether your condition is the same as originally diagnosed, any changes that may have occurred, any medication prescribed and any information pertinent to your disability needs to be a part of the letter or report as well as specific recommendations form accommodations. (i.e. extra time – 15 minutes, etc.)

In support of your application for non standard test accommodations, the following documentation needs to be included with the application and/or required forms.

For a **Medical Disability** you must submit the following to update your original information and documentation:

- Along with the Re-application form, you must attach a current letter or report from your healthcare professional currently treating you for your present condition and treatment clearly stating the accommodations recommended.

For **Attention Deficit Hyperactivity Disorder** you must submit the following to update your original information.

- A current statement, within the last 6 months, from your healthcare professional stating your present diagnosis and treatment as well as clearly stating the recommended accommodations.

For a **Learning Disability** you must submit the following to update your original information.

- A current statement, within the last 6 months, from your healthcare professional stating your present diagnosis and treatment as well as clearly stating the recommended accommodations.

The Board reserves the right to make final judgment concerning testing accommodations and may have documentation reviewed by a medical specialist, psychologist, learning disability specialist or attention deficit hyperactivity disorder specialist. The burden of proof is on the applicant to show the continuing need for any special considerations. Therefore, all cost incurred for establishing a disability is the responsibility of the applicant.

For the Board to consider a re-application for non-standard test accommodations, all forms pertaining to the request must be completed by the appropriate parties and returned to the Kentucky Board of Bar Examiners along with the Re-Application form. It is your responsibility to obtain the necessary forms and documents, which can be printed from our website, www.kyoba.org, or by calling the office to request them.

If you have any questions about non-standard test accommodations, please call Patricia Ducharme, Deputy Director of the Kentucky Office of Bar Admissions at (859) 246-2381, extension 224 or e-mail pducharme@kyoba.org.

KENTUCKY OFFICE OF BAR ADMISSIONS

RE-APPLICATION FORM A1

NON-STANDARD TESTING ACCOMMODATIONS

TO BE COMPLETED BY ALL APPLICANTS MAKING RE-APPLICATION FOR NON-STANDARD TESTING ACCOMMODATIONS. THIS FORM IS CONSIDERED PART OF THE APPLICATION FOR ADMISSION TO THE KENTUCKY BAR.

THIS FORM, COMPLETE WITH ALL OTHER FORMS, AND DOCUMENTATION, MUST BE SUBMITTED BY THE FILING DEADLINE TO TAKE THE BAR EXAMINATION. FAILURE TO PROVIDE THE INFORMATION OR DOCUMENTATION WITH THIS FORM MAY RESULT IN DENIAL OF THE REQUEST

BACKGROUND INFORMATION:

Applicant Name:			
Address:			
Telephone:	(work)	(home)	e-mail:
Exam Date:	February _____	July _____	

ACCOMMODATIONS:

1. Please state the nature of your disability:

2. Have there been any changes in your condition/disability since you filed your original application for non standard test accommodations? ___ yes ___no

If you answered **yes**, please state the changes. You **must also** include a *current recommendation* from your attending physician or treating professional explaining the changes and how the changes affect your need for testing accommodations.

3. State the specific accommodations you were previously granted for the bar examination:

4. Are you requesting the **same** non standard test accommodations previously provided? ____ yes ____ no

If you answered **no**, please describe the non-standard test accommodations you are requesting for the bar examination and state your rationale. You must also provide current documentation from your treating healthcare professional in support of the accommodations you are requesting.

4. Are you currently taking medication? Yes ____ No ____

If **yes**, do you have any side effects that might impact your ability to take the bar examination?

Please describe in detail: _____

5. Have you seen your treating physician/health care professional since filing your original application?

Yes ____ No ____

If **yes**, please list the date and attach a statement from your physician/health care professional with notes from your last visit.

REQUIRED DOCUMENTATION

I acknowledge attaching the forms and documentation checked below to my Form A1, Re-Application for Non Standard Test Accommodations, which are **required** in order for the Accommodations Committee to process my application for testing accommodations. I further understand that my application will be returned to me if any of these items are not filed either with or before the filing of my application.

Put a check mark beside each item you are attaching to your re-application (Form A1).

_____ If I am claiming a physical disability, a current statement (within the last 6 months) from my healthcare professional as to my current condition.

_____ If I am claiming a learning disability, a current statement or re-assessment (within the last 6 months) from my currently treating healthcare professional.

_____ If I am claiming an ADD/ADHD disability, a current statement or re-assessment (within the last 6 months) from my currently treating healthcare professional.

APPLICANT'S VERIFICATION:

I am aware that it is my responsibility to file a COMPLETE Re-application for Non-standard Testing Accommodations, and I understand that it will be returned to me if it is found to be incomplete, untimely or otherwise not filed in compliance with the instructions. I further agree to submit to independent diagnostic testing by a physician, therapist, or other professional authority of the Kentucky Board of Bar Examiners' choice if such testing is requested by the Board.

I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that false statements made herein could result in denial of character and fitness certification as stated in SCR 2.014(4).

(Signature)

(Date)

If you are unable to sign this form, please have someone sign and date in your presence.

(Signature of Individual Signing on Behalf of Applicant)

(Date)

A SIGNED MEDICAL RELEASE FORM MUST BE RETURNED WITH THIS APPLICATION.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Upon presentation of the original or a photocopy of this signed authorization,

I, _____,
(name of applicant)

Date of birth _____, Social Security #: _____,

Hereby authorize _____,
(name and address of program, institution or person making disclosure)

to release to Accommodations Committee of the Kentucky Office of Bar Admissions information, including copies of records, concerning advice, care or treatment given to me relating to mental illness, alcohol or substance abuse, and I further authorize any inquiries, questions or interrogatories concerning me, and authorize the appearance and testimony concerning me before the Accommodations Committee or any agent or representative, as requested by the Committee.

The purpose of this authorized disclosure is to provide information to assist the Accommodations Committee in their determination of my need for non standard test accommodations for the Kentucky bar examination.

I hereby release, discharge and exonerate the Accommodations Committee, its agent and representatives and its agents and

(name program, institution or doctor making disclosure)

representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information or the inquiries made by the Accommodations Committee.

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing confidentiality of alcohol and Drug Abuse Patient Records, 42.C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164. I understand that my health information specified above will be disclosed pursuant to this authorization, that the recipient of the information may re-disclose the information and the HIPAA privacy law may no longer protect it. The Federal regulations, governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42.C.F.R. Part 2, noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from re-disclosure. I understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that this consent will expire in one (1) year unless otherwise specified below:

Authorizing Signature: _____ Date: _____

Witness: _____ Date: _____

Confidentiality of Records

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR, Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose. This authorization for release of information may be considered as an original in instances of fax transmittal.