



## State of Rhode Island Judiciary

### Supreme Court – Clerk’s Office

Licht Judicial Complex  
250 Benefit Street  
Providence, RI 02903

### Request for Administrative Nonstandard Test Accommodations

**Notice to Applicant:** This form is your request for administrative nonstandard test accommodations on the bar examination. This form and required documentation must be filed at the same time as your application for admission. If additional space is needed to respond to any item, please attach a separate page.

Full name: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

#### I. Administrative Nonstandard Accommodations Requested for the Rhode Island Bar Examination (check all that apply).

1. **Assistive Devices.** Are you requesting the use of any assistive devices during the administration of the examination?  Yes  No

If yes, describe the assistive devices you wish to bring into the examination room (such as a breast pump, wrist brace, etc.) and provide an explanation as to the necessity of this requested accommodation.

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2. **Access to Electrical Outlet.** Do any of the devices listed above require access to an electrical outlet?  Yes  No  Not applicable

3. **Special Seating.** Are you requesting special seating requirements during the administration of the bar examination in relation to your condition(s)?  Yes  No

If yes, describe the special seating requirements being requested and provide an explanation as to the necessity of this requested accommodation.

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4. **Extra Breaks.** Are you requesting extra breaks during the administration of the examination?  Yes  No

If yes, describe the duration and frequency of the requested breaks and provide an explanation as to the necessity of this requested accommodation.

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5. **Other arrangements** (e.g., chair, table, medication, etc.).  Yes  No

Describe the arrangements and provide an explanation as to the necessity of this requested accommodation.

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6. **Optional:** If there is anything else you would like the Board of Bar Examiners (BBE) to know about your need for accommodations, you may attach a personal narrative.  
 Yes  No

## II. Condition or Situation Necessitating Administrative Nonstandard Test Accommodations

1. Are the accommodations requested above being sought in relation to a health-related condition?  Yes  No

If yes, are you currently being treated in relation to your condition(s)?  Yes  No  
If you are currently being treated in relation to your condition(s), provide the name, qualifications, and telephone number of your treating professional(s). \_\_\_\_\_

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## III. Supporting Documentation

Applicants seeking breastfeeding-related accommodations must file this form, but are not required to submit any additional documentation. All applicants seeking accommodations for any reason other than breastfeeding must file this form and must also submit documentation from one or more qualified professionals that provides information on the applicant's needs and the rationale for the requested administrative nonstandard test accommodations requested on the bar examination. **Failure to submit the required supporting documentation when required may result in the BBE being unable to grant your accommodation request(s).**

**I have completed and attached all the required forms and supporting documentation.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date signed

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

\_\_\_\_\_  
Signature of individual signing on behalf of the Applicant

\_\_\_\_\_  
Date signed

**VI. Certification That Information Supplied is True and Complete**

\_\_\_\_\_ Initial    The information that I have provided in support of my request for administrative nonstandard test accommodations is true and complete.

\_\_\_\_\_ Initial    I understand that if the BBE determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the BBE reserves the right to withhold or void my bar examination scores, treat such conduct as a character and fitness issue, or both.

\_\_\_\_\_ Initial    I understand that both my request for administrative nonstandard test accommodations and all supporting documentation may be submitted for evaluation to one (1) or more qualified professionals retained by the BBE, and I authorize such disclosure.

\_\_\_\_\_ Initial    I understand that all necessary documentation and information must be provided to the BBE by the deadline and that my request for administrative nonstandard test accommodations will not be considered if the deadline is missed.

**The BBE reserves the right to make a final determination concerning administrative nonstandard testing accommodations and may have this information reviewed by an independent medical or other qualified professional to follow up or ask questions of the treating physician.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date signed

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

\_\_\_\_\_  
Signature of individual signing on behalf of the Applicant

\_\_\_\_\_  
Date signed