



STATE OF RHODE ISLAND

SUPREME COURT – CLERK’S OFFICE

Licht Judicial Complex
250 Benefit Street
Providence, RI 02903

GENERAL INSTRUCTIONS FOR REQUESTING ADMINISTRATIVE NONSTANDARD TEST ACCOMMODATIONS

An applicant who is otherwise eligible to take the bar examination, but who does not qualify for accommodations under the Americans with Disabilities Act (ADA), as amended, may request administrative nonstandard test accommodations when applying for admission. Examples of nonstandard test accommodations are: the ability to wear a wrist guard or brace as a result of an injury that may not qualify as a disability under the ADA; whatever accommodations may be necessary to pump breast milk during the bar examination; and/or permission to take certain medications during the bar examination for conditions that do not rise to the level of a disability under the ADA.

It is the policy of the Rhode Island Supreme Court Board of Bar Examiners (BBE) to provide reasonable administrative nonstandard testing accommodations to applicants who are in need of such accommodations.

Requests for administrative nonstandard test accommodations will be evaluated on a case-by-case basis by the Board of Bar Examiner. Applicants seeking breastfeeding-related accommodations must file a completed Form 8: Applicant Request for Administrative Nonstandard Test Accommodations, but are not required to submit any additional documentation. All applicants seeking accommodations for any reason other than breastfeeding must file a completed Form 8: Applicant Request for Administrative Nonstandard Test Accommodations 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.

All documentation will be retained by the BBE and may be submitted to one or more qualified professionals for an impartial review.

FILING DEADLINE

Requests for administrative nonstandard accommodations will be considered after receipt of all required information. Form 8: Applicant Request for Administrative Nonstandard Test Accommodations must be submitted with the application by the deadline of the examination the applicant wishes to take.

Because some of the administrative nonstandard accommodation request forms require input from third parties, the appropriate individuals should be asked to complete the forms well in advance of the deadline.

A timely request for administrative nonstandard test accommodations must be received by the application deadline applicable to that applicant.

An applicant who has submitted a complete and timely request for administrative nonstandard accommodations, but whose needs have changed since the submission of the timely request, may submit an updated request, using Form 8, but such updated request must be filed at least thirty (30) days prior to the first day of the applicable examination.

Requests for administrative nonstandard test accommodations and supporting documentation must be submitted with the Petition for Admission to the Rhode Island Bar through the Rhode Island Supreme Court Attorney Portal.

RETAKE APPLICANTS

Applicants who retake the examination must submit Form 8: Applicant Request for Administrative Nonstandard Test Accommodations each time they apply for the bar examination, even if they previously requested and/or were granted accommodations by the BBE. The BBE reserves the right to request an update to documentation in all cases if it determines that the documentation is insufficient to establish the applicant's need for accommodations.



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**FORM 8: APPLICANT 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: _____ SSN: _____

**I. ADMINISTRATIVE NONSTANDARD ACCOMMODATIONS REQUESTED FOR
THE RHODE ISLAND BAR EXAMINATION (CHECK ALL THAT APPLY).**

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.

Access to Electrical Outlet. Do any of the devices listed above require access to an electrical outlet?

Yes No Not Applicable.

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.

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.

Other arrangements (e.g., chair, table, medication, etc.). Describe the arrangements and provide an explanation as to the necessity of this requested accommodation.

[Optional] If there is anything else you would like the BBE to know about your need for accommodations, you may attach a personal narrative.

II. CONDITION/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).

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 Board of Bar Examiners being unable to grant your accommodation request(s).

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

Applicant 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 applicant

Date signed

VI. CERTIFICATION THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE

____Initial The information 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 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 Rhode Island Supreme Court Board of Bar Examiners 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 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 applicant

Date signed