
GENERAL INSTRUCTIONS

Refer to the NCBE website at www.ncbex.org/mpre-ada for a detailed explanation of the accommodations request process, the Recommended Submission Dates, and for all forms and guidelines for medical documentation.

NOTE: You must apply for MPRE test accommodations and accept NCBE's accommodations determination before you register and schedule your exam appointment to avoid incurring a cancelation/rescheduling fee.

1. Create an NCBE Account

You must create an NCBE Account before you can request MPRE test accommodations. You can use the NCBE Account Lookup tool to determine whether you already have an NCBE Account. To create a new account, select NCBE Account at the top of the page and then select Create an Account. **Do not create a new account if you already have one.**

2. Prepare Your Request For MPRE Test Accommodations; the five (5) components of a complete request are:

● Applicant Request Form

NCBE must receive a complete and signed Applicant Request Form; all seven (7) numbered pages.

● Medical documentation to support your request

Provide current and relevant medical documentation from a qualified professional establishing the nature and existence of your disability, your current functional limitations, and your need for the specific accommodations requested. Refer to the Guidelines for Medical Documentation available on the NCBE website at www.ncbex.org/mpre-ada to assist you and your qualified professional in demonstrating the need for accommodations on the MPRE.

● Proof of past accommodations

Provide proof of past accommodations from all testing agencies and educational institutions. Photocopies of original accommodations approval letters may be provided, or you may use the 'Certification of Accommodations History' posted on the NCBE website at www.ncbex.org/mpre-ada.

● Standardized test score reports

Provide score reports for all standardized tests previously taken (LSAT, SAT, ACT, etc.), whether accommodations were granted on the test(s) or not. Photocopies of original score reports or online versions of score reports are acceptable.

● Personal narrative (optional)

You may provide any additional information you wish NCBE to consider about your disability, history, and need for accommodations. Include your name and NCBE number on every page.

3. Submit your accommodations request to NCBE

Send all forms and documentation together in one submission. Do not send it multiple times or by multiple methods; i.e., do not send via fax and also via the Upload. NCBE does not return documentation - keep a copy of everything you submit. NCBE will not accept encrypted or password-protected files, even if a password is provided.

Submit your complete request packet via the secure **UPLOAD** on the NCBE website at www.ncbex.org/mpre-ada; alternatively, your request may be submitted to NCBE via mail, fax, or attached to an email message sent to:

National Conference of Bar Examiners
MPRE Test Accommodation Services
302 South Bedford Street
Madison, WI 53703-3622
Fax: 608-316-3119
Email: mpre.ada@ncbex.org

APPLICANT REQUEST FORM

GENERAL INFORMATION

- 1. Full Name (first/middle/last): _____
- 2. NCBE Number: N _____
- 3. Date of Birth: _____
- 4. Daytime Telephone: _____
- 5. Email: _____

All correspondence from NCBE pertaining to your accommodations request will be posted to your secure online NCBE Account File Cabinet. You will be notified by email (sent to the address you listed in your NCBE account) whenever correspondence has been posted.

- 6. Mailing Address: _____
- City:** _____ **State:** _____ **Zip:** _____
- Country:** _____

MPRE HISTORY

- 7. Have you previously taken the MPRE? Yes No

If yes, list all test dates (month/year).

- 8. Have you previously requested test accommodations for the MPRE? Yes No

If yes, list all test dates (month/year) for which you requested accommodations and state whether your request was granted.

INFORMATION ABOUT YOUR DISABILITY

9. Check the box or boxes that describe your disability or disabilities and provide a specific diagnosis:

- ADHD: _____
- Learning or Cognitive Disabilities: _____
- Psychological: _____
- Chronic health condition: _____
- Physical: _____
- Visual: _____
- Hearing: _____
- Other (describe other disability): _____

10. List the month and year when each disability was first diagnosed.

11. Describe your current functional limitations and how those limitations will affect your ability to take the MPRE.

12. Describe all treatment, medication, devices, auxiliary aids, or strategies you ordinarily use to ameliorate the functional impact of your disability or disabilities and the effectiveness thereof, or list "none."

IMPORTANT GENERAL INFORMATION REGARDING MPRE ADMINISTRATION

- The MPRE is a two-hour timed examination administered on a computer in a proctored setting. Candidates record their answers by selecting them on a computer screen using a mouse. **An interactive tutorial that simulates the experience of taking the MPRE via computer-based testing is available on the Pearson VUE website at <https://home.pearsonvue.com/mpre>.**
- The MPRE consists of 60 multiple-choice questions. Test items are written at an 11th- to 12th-grade reading level.
- Candidates are assigned seats in a quiet environment, in individual carrels with high walls on three sides to avoid visual distractions.
- Earplugs or noise-reducing headphones are provided for all candidates.
- Personal items such as valid ID; wallet; keys; car key fob (without a data port); hygiene products; pens; medication; and other small personal items may be stored in a locker during administration of the test. Lockers may only be accessed during the examination if pre-approved as an accommodation, and only upon permission of a test proctor.
- A standard workstation has a clearance of 30" at a Pearson VUE testing center. If a different height is required, you must request an accommodation for an adjustable workstation and specify the height required in inches.
- If approved as an accommodation, a reader must read verbatim and is not permitted to paraphrase, interpret, define words, or otherwise vary from the text. A reader may spell words, reread all or part of a text or question, scan for particular words or phrases, read the text in a specific order, and identify the type and location of punctuation marks, as requested by the candidate.
- To be approved for use of JAWS, you must be a proficient user; test center staff cannot assist with JAWS software navigation before or during testing.
- All candidates are permitted to highlight text, adjust contrast of text, and enlarge text size up to 200%. If more than 200% increase in text size is required, you must request ZoomText, other software, or paper examination materials.
- Accommodations that pose a threat to examination security will not be granted, including use of an electronic device in the testing room. Any electronic device with internet capabilities or ability to communicate with other devices is not permitted, including but not limited to a smartphone, iPhone, Apple Watch, and android devices.

COMFORT AIDS – Permitted without pre-approval for all candidates

Each candidate may bring certain medical aids and comfort aid items into the test room. The items do not require pre-approval and will be allowed upon inspection by the test center staff.

Examples of comfort aids include but are not limited to auto-injectors, bandages, braces (neck, back, wrist, leg, ankle), canes, cough drops, crutches, cushion, eye drops, eye patches, eyeglasses without case, glucose tablets (unwrapped, not in bottle/container), handheld magnifying glass without case, hearing aid and Cochlear implant, inhaler, insulin pump, continuous glucose monitor (without remote-control device), medical foot stool (no larger than 14"x14"x14" and with a metal base), medical surgical mask, motorized scooter/chair, nasal drops/spray, pills such as acetaminophen, ibuprofen, aspirin (unwrapped and not in bottle/container – UNLESS packaging specifically states pills must remain in packaging, such as nitro glycerin pills), oxygen tank, pillow, spinal cord stimulator, TENS unit, walker, and wheelchair.

For details and the full list of currently permitted comfort aids, please refer to the Pearson VUE website at <https://home.pearsonvue.com/test-taker/Test-accommodations.aspx>.

ACCOMMODATIONS REQUESTED

Use the checkboxes below to indicate the accommodations you are requesting.

13. EXTENDED TESTING TIME (CHECK ONE):

- 25% extended testing time (extra 30 minutes)
- 50% extended testing time (extra 60 minutes)
- 100% extended testing time (extra 120 minutes)
- Other amount (specify other amount): _____

14. SUPERVISED BREAKS (Stop-the-Clock Break Time - NOT COUNTED IN TESTING TIME):

- Breaks (describe duration and frequency): _____

15. TEST FORMAT/ACCESSIBILITY:

- Braille - **Select Braille version:** UEB or EBAE
- ZoomText **(If more than 200% increased text size is required)**
- Reader
- Scribe/Recorder
- Adjustable wheelchair-accessible workstation (specify height in inches) _____
- Liquid medication – indicate type _____
- JAWS (You must be proficient in JAWS; test center staff cannot assist with navigation before/during testing)
- Glucose monitoring and testing supplies* (describe) _____
*Please see Pearson VUE Comfort Aids List for items that do not require pre-approval at <https://home.pearsonvue.com/test-taker/Test-accommodations.aspx>. Any electronic device with internet capabilities or with the ability to communicate with devices other than the continuous glucose monitor (CGM) is not permitted, including but not limited to a smartphone, iPhone, Apple Watch, and android devices.
- OTHER ACCOMMODATION NOT LISTED ABOVE (DESCRIBE):**

ACCOMMODATIONS HISTORY

NOTE: Provide verifying documentation of all accommodations

For questions 16 through 20, if you were granted accommodations, check "Granted" and briefly describe the accommodations provided. If you did not request accommodations, check "Not Requested" and explain why you did not request accommodations. If you were denied accommodations, check "Denied" and list the reason(s) given by the entity for the denial. If you did not attend the type of school listed or did not take the exam listed, check "N/A."

16. Were you granted accommodations for the bar examination?

- Granted Not requested Denied N/A

Explanation:

17. Were you granted accommodations in law school?

- Granted Not requested Denied N/A

Explanation:

18. Were you granted accommodations in college (undergraduate or graduate studies)?

- Granted Not requested Denied N/A

Explanation:

19. Were you granted accommodations or disabled-student services in elementary or secondary school, including but not limited to accommodations or services provided under an Individualized Education Plan (IEP) or a 504 Plan?

- Granted Not requested Denied N/A

Explanation:

20. Were you granted accommodations for any of the following standardized tests?:

- | | | | | |
|-------|----------------------------------|--|---------------------------------|------------------------------|
| LSAT: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| MCAT: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| GRE: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| GMAT: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| SAT: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| ACT: | <input type="checkbox"/> Granted | <input type="checkbox"/> Not Requested | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |

Explanation:

21. Do you have any accommodation requests pending with other entities (e.g., the bar exam)? Yes No

If yes, list each entity, the accommodations you requested, and the date that you submitted your request.

ACADEMIC HISTORY

22. List your postsecondary educational history, including all law schools, colleges, universities, and other graduate or professional schools you have attended. State the dates of attendance and degree(s) earned.

OPTIONAL PERSONAL STATEMENT

23. If there is anything else you would like NCBE to know about your disability and need for accommodations, you may attach a personal narrative. Include your name and NCBE number on every page.

CERTIFICATION AND AUTHORIZATION

The information I have provided in support of my request for test accommodations is true and complete. I understand that if NCBE 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, NCBE reserves the right to cancel my MPRE score.

I authorize NCBE to contact all educational institutions and/or testing agencies that have provided me with test accommodations and/or are considering a pending application for test accommodations to clarify the accommodation(s) that have been or will be granted or denied.

I understand that any forms or documentation relating to my request for test accommodations may be submitted for evaluation to one or more qualified professionals retained by NCBE, and I authorize such disclosure.

I understand that I must submit my request for test accommodations on the MPRE and receive determination of NCBE’s accommodations decision prior to registering for the MPRE and scheduling a test appointment.

I understand that if I register and schedule a test appointment prior to receiving a determination of NCBE’s accommodations decision, I may need to cancel and/or reschedule my exam appointment and may incur fees as a result.

I understand that there is no guarantee that I will be able to schedule my test on my preferred test date, and at my preferred test time, and at my preferred test center.

I understand that postmarks are not recognized, and that delivery to the post office or to a courier service, or unsuccessful electronic transmission, does not constitute receipt by NCBE.

If I am signing this form electronically, I understand and acknowledge that this electronic signature has the same meaning and validity as my handwritten signature.

Signature: _____ **Date:** _____

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

Individual’s signature: _____ Date: _____