



Qualified Professional Certification Form

Please read the **Testing Accommodations** Instructions carefully prior to completing this form. As used herein, the term “access” refers to an applicant’s ability to access the examination and to have an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to others.

Section 1: Background Information [To be completed by the applicant.]

1. Applicant Name: _____
2. Applicant File Number: _____

Section 2: Prior Documentation of Disability [To be completed by the applicant.]

1. Have you been examined by one or more Qualified Professionals regarding the disability for which you are seeking testing accommodations?
 Yes
 No
2. I have the following documentation from one or more of the Qualified Professionals I have been examined by (please select all that apply and attach that documentation to this form):
 Documentation of disability in previous Individualized Education Program (IEP)
 Documentation of disability in previous Section 504 Plan
 Documentation of disability in previous formal plan from a private school
 Documentation of disability in a previous formal plan from a workplace
 Documentation of disability in an evaluation from a Qualified Professional
 Other documentation of disability from a Qualified Professional you believe is relevant to your request.
 I do not have any of above documentation.
3. If you have any of the documentation described in question 2, do you certify that you are currently experiencing the same disability-related functional limitation(s) described in one or more of those sources of documentation?
 Yes
 No

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Applicant: Please have one or more Qualified Professionals complete Sections 3, 4, and 5 below.

Qualified Professional: Please read the **Testing Accommodations Instructions** carefully prior to completing this form. As used herein, the term “access” refers to an applicant’s ability to access the examination and to have an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to others. If you need additional space to answer any of the questions below, **please attach additional pages.**

Section 3: Current Evidence of Disability

1. Applicant Name: _____
2. Qualified Professional Name: _____
3. Qualified Professional Title: _____
4. Qualified Professional License/Certification No.: _____
5. Qualified Professional Address: _____
6. Please provide a brief statement of your professional qualifications, including your expertise in the disability(-ies) for which testing accommodation(s) are sought.

7. What is the nature of the applicant’s disability(-ies) [Check all that apply]:

Visual impairment

Hearing impairment

Physical impairment

Psychological impairment

Cognitive impairment

Learning impairment

Other: _____

8. Have you made an individualized assessment of the applicant?

Yes

No

9. If you answered “Yes” to Question 8, when did you last evaluate the applicant?

Section 4: Accommodation(s) Recommended by the Qualified Professional

1. Please select the testing accommodation(s) you are recommending that the applicant receive on the **written** portions of a State Bar-administered exam:

- 25% additional time (i.e., time-and-one-quarter)
- 50% additional testing time (i.e., time-and-one-half)
- 100% additional testing time (i.e., double-time)
- Assistive technology (please specify): _____
- Distraction-reduced room
- Seating near a restroom
- Large-print font: 18-point font
- Large-print font: 24-point font
- Wheelchair accessibility (if table, specify height): _____
- Other (please specify): _____

2. Please select the testing accommodation(s) you are recommending that the applicant be approved for on the **multiple-choice** portions of a State Bar-administered exam:

- 25% additional time (i.e., time-and-one-quarter)
- 50% additional testing time (i.e., time-and-one-half)
- 100% additional testing time (i.e., double-time)
- Assistive technology (please specify): _____
- Distraction-reduced room
- Seating near a restroom
- Large-print font: 18-point font
- Large-print font: 24-point font
- Wheelchair accessibility (if table, specify height): _____
- Other (please specify): _____

Section 5: Statement of Qualified Professional

Testing accommodation(s) are available to applicants:

- **Who have one or more functional limitation(s);**
- **As compared to most people in the general population;**
- **As the result of one or more disabilities; and**
- **To ensure that applicants who have a disability can access the examination and are afforded an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to others.**

Prior to completing Section 5, please review the description of the standard test conditions set forth in the Testing Accommodations Instructions.

Documentation substantiating an applicant's disability-related functional limitation(s), their specific access needs, and how those needs relate to the testing accommodations recommended, may consist of, where appropriate, a comprehensive evaluation; a relevant history; standardized test data from appropriate evaluation instruments; and/or a written statement describing the applicant's disability, impairment, areas of limitation, effects on activities of daily living, and testing accommodation needs. Please use this form to provide your written statement documenting the applicant's need for testing accommodations. If appropriate, attach any relevant supporting documentation.

1. I have reviewed the standard test conditions; the recommended accommodations identified in Section 4, above, are based on an understanding of how the exam would be administered under standard test conditions, in the absence of the recommended accommodation(s).

Yes

No

2. Please explain the applicant's disability-related functional limitation(s) as compared to how most people in the general population function in the same area(s). For example, discuss barriers to access the person routinely encounters.

3. Please explain how the applicant's disability-related functional limitation(s) impact the applicant's ability to access a State Bar-administered exam under standard test conditions. For example, what barriers to access would you anticipate the applicant facing?

4. Please explain why the specific testing accommodation(s) you are recommending are necessary to ensure the applicant can access the examination. (Note: Simply naming the diagnosis is not an explanation).

5. If you are recommending greater than 100% additional testing time and/or a private room, and the applicant does not have a severe visual impairment, please provide a reasonable explanation of why 100% additional testing time and/or a distraction-reduced room are not sufficient to ensure the applicant can access the examination. Include all relevant data and information you would like the State Bar to consider in determining whether the applicant

has established an exceptional need.

I certify under penalty of perjury under the laws of the State of California that, to the best of my knowledge, all information provided on this form is true and correct.

Signature of Qualified Professional: _____

Date: _____