IN THE SUPREME COURT OF OHIO
BEFORE THE BOARD OF BAR EXAMINERS

In the Matter of the Request of

CERTIFICATE OF MEDICAL
OR PSYCHOLOGICAL AUTHORITY

_____
for Special Testing Accommodations

State of _____

County of _____

This form must be completed by a professional who is qualified to diagnose the applicant's disability and familiar with its impact on the applicant's ability to perform on the Ohio Bar Examination or similar timed multiple choice and written examinations. The recommendations for accommodation must be SPECIFIC, and diagnosis must support a CURRENT need for these accommodations. Please answer all questions and attach all requested documentation so that the applicant's request for accommodations can be properly evaluated. Missing documentation or incomplete answers may result in denial of the applicant's request.

Please type or print your responses.

1. List your name, address, and telephone number.

2. Describe your professional qualifications (terminal degree, clinical specialty, licensure, *etc.*) that qualify you to act in the capacity of a medical or psychological authority on the applicant's physical or mental impairment. **Attach a current copy of your curriculum vita**.

3. List the date(s) on which you examined the applicant.

4. List the clinical procedures you employed to make the diagnosis of a disability. Include the complete names of any tests or special procedures you employed. **Attach a copy of all pertinent medical or psychological records, including results of laboratory studies and diagnostic tests and raw and scale score data of any psychological, psychoeducational, or neurological assessment.**

5. List the complete ICD-9-CM (International Classification of Diseases, Ninth Edition, Clinical Modification) diagnosis of the physical impairment or the complete multiaxial DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) diagnosis of the mental impairment. Include all relevant severity and course specifiers.

6. Describe the nature and severity of the applicant's physical or mental impairment and discuss its effects on the applicant's ability to take the bar examination under standard testing conditions.

7. Recommend specific special testing accommodations and **explain why they are necessary to accommodate the specific physical or mental impairment.** If your recommendation includes an extension of the customary testing or break time, specify the amount of time (*e.g.*, 20% additional time, *etc.*) and explain why such an accommodation is necessary.

I swear or affirm that the above answers are true to the best of my knowledge.

_____
Signature

Sworn to or affirmed before me and subscribed in my presence this _____ day of _____, _____.

_____
Notary Public
My commission expires: _____