



## 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. **All requests must include supporting documentation as explained on page 4.**

### 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. I have the following documentation from one or more of the Qualified Professionals I have been examined by (please select all that apply and upload that documentation with 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 (**upload the supplemental evaluation in addition to the completed qualified professional certification form**)
  - ☐ Other documentation of disability from a Qualified Professional you believe is relevant to your request (**upload the supplemental documentation in addition to the completed qualified professional certification form**)
  - ☐ I do not have any of above documentation.
2. 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:** 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. 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

7. Please state the applicant’s disability (-ies):

8. When did the disability occur?

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

☐ Yes

☐ No

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

11. Based on your evaluation, is this condition temporary?

☐ Yes

☐ No

12. If this condition is temporary, please explain:

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

Prior to completing Section 4 and 5 below, please review the description of the standard test conditions at <https://www.calbar.ca.gov/Admissions/Examinations/Testing-Accommodations/Exam-Environment-and-Allowable-Items>

1. I have reviewed the [standard test conditions](#); the recommended accommodations identified in Section 4 and 5, below, 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 select the testing accommodation(s) you are recommending that the applicant receive on the **written** section 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): \_\_\_\_\_

☐ Reduced-distraction room (small capacity room)

☐ Seating near a restroom

☐ Large-print font: select \_\_\_\_ 18-point font \_\_\_\_ 24-point font

☐ Wheelchair accessibility (specify table height): \_\_\_\_\_

☐ Other (please specify): \_\_\_\_\_

3. Please select the testing accommodation(s) you are recommending that the applicant be approved for on the **multiple-choice** section 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): \_\_\_\_\_

☐ Reduced-distraction room (small capacity room)

☐ Seating near a restroom

☐ Large-print font: select \_\_\_\_ 18-point font \_\_\_\_ 24-point font

☐ Wheelchair accessibility (specify table height): \_\_\_\_\_

☐ Other (please specify): \_\_\_\_\_

## Section 5: Statement of Qualified Professional

Use this form to provide detailed written statements documenting the applicant's need for testing accommodations. Attach relevant supporting documentation substantiating an applicant's disability-related functional limitation(s), their specific access needs, and how those needs relate to the testing accommodations recommended. Documentation 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.

***Ensure that you clearly state the nexus between the requested accommodations and the applicant's disability-related functional limitations(s). Simply stating that a diagnosis requires an accommodation will be deemed insufficient and more information will be requested.***

1. 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.

2. 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?

3. Please explain why the specific testing accommodation(s) you are recommending are necessary to ensure the applicant can access the examination. Each requested accommodation must include a clear explanation of its connection to the applicant's disability-related functional limitations. (Note: Simply naming the diagnosis is not an explanation).

4. 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: \_\_\_\_\_

Today's Date: \_\_\_\_\_