

FORM 2

MEDICAL DECLARATION VERIFICATION FORM

This form to be filled out by a physician or licensed professional in the field related to the applicant's claimed disability.
Please type or print legibly.

Applicant Name: _____

PHYSICIAN OR LICENSED PROFESSIONAL

Name: _____

Title: _____

Address: _____

Phone: _____

E-mail: _____

1. Briefly describe the applicant's diagnosis:

2. Date of last examination: _____

3. Describe frequency of contact and length of treatment.

4. As a result of my examination and treatment of the applicant, I have made the following findings and conclusions:

a) Subjective complaints:

b) Objective findings:

c) Diagnosis:

5. Treatment consists of:

Medications:

Other therapies:

6. Is the applicant's condition permanent? Yes No

If not permanent, when is it likely to abate? _____

***In answering the following questions please assume the applicant is complying with any prescribed treatment.**

7(a) Does the applicant's condition affect the applicant's ability to read or write by affecting the ability to concentrate for extended periods of time? If so, explain.

7(b) Does the applicant's condition affect the speed by which the applicant is able to answer multiple choice or essay questions? If so, explain.

The Alaska Bar Association Examination is a 2 day examination. Because this is a timed examination, the standard testing time for **each** session is 3 hours. Day one consists of **6** essay questions in the morning session and 2 essay questions in the afternoon session. Day two consists of a 200 question multiple choice examination answered in pencil on a computer-graded grid sheet. 100 questions are answered in the morning session, and 100 questions are answered in the afternoon session.

8. Please explain if the applicant's condition affects the applicant's ability to take the Alaska Bar Exam in ways other than as described in answering question 7.

9. Based on the applicant's condition and your assessment, what testing accommodations would you recommend?

(Check all that would apply)

Rest time during exam sessions

Braille version of exam

Use of sign language interpreter

Magnifying glass

Semi-private testing area

Large print exam materials

Other (please specify)

Additional testing time — Please specify: _____ per session. If a specific amount of additional testing time is NOT indicated, the petition cannot be processed.

10. Please describe your credential(s) allowing you to verify this applicant's disability.

I certify that all the information on this form is true and correct to the best of my knowledge and belief. I understand that this information may be reviewed by a physician or qualified professional retained by the Alaska Bar Association Board of Governors to assist in determining testing accommodations.

Signature

Date