

STATE BOARD OF LAW EXAMINERS  
Judicial Wing, First Floor  
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### Administrative Accommodation Request Due to Health-Related Conditions

Applicants who have a health-related condition that can be addressed in a standard testing room and without deviation from the standard testing schedule may request an administrative accommodation. Some common reasons for administrative arrangements include:

- Specific medical condition that may require emergency medical attention.
- A need to bring items into the exam room that are usually prohibited but are required due to a medical condition such as prescription medication/medical device.
- Special seating arrangements because of a medical condition.
- Special arrangements for breastfeeding purposes.

This form must be filed for each bar examination for which you apply in North Dakota. A timely request for the **February** administration of the North Dakota Bar Examination must be postmarked no later than **November 1** immediately preceding the examination for which application is made. A timely request for the **July** administration of the North Dakota Bar Examination must be postmarked no later than **May 1** immediately preceding the examination for which application is made. If you do not complete this form by the deadline, the Board's office will not be able to process your request, except in extraordinary circumstances or due to a recently emergent event. Approval is not guaranteed.

Please be advised that applicants are typically required to submit medical documentation to support a request. To expedite your request, a doctor's note should accompany this request. The doctor's note should verify your condition, explain the purpose of the medication/device needed, and state when and how often you must have access to the medication/device.

**Please note that this request is not to be used in lieu of a request for nonstandard testing accommodations based on a disability under the Americans with Disabilities Act (ADA).** Applicants with a disability requiring nonstandard testing accommodations based on an ADA disability need to submit the forms available at: [Special Accommodation Request forms](#).

NAME: \_\_\_\_\_ (please print) Date of Exam (Month/Year): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Accommodation(s) Requested: \_\_\_\_\_

Medication(s): \_\_\_\_\_

Equipment: \_\_\_\_\_

Child's Date of Birth (if requesting breastfeeding accommodations): \_\_\_\_\_

Other: \_\_\_\_\_

Contact Information in case of emergency:

\_\_\_\_\_

Emergency Contact Person's Name (please print)

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Medical Professional's Name (please print)

\_\_\_\_\_

Telephone Number

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_