

South Dakota Board of Bar Examiners

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:

- A need to bring an assistive device into the exam room (such as diabetic supplies, arm/leg brace, lumbar support, or breast pumping supplies).
- Special seating arrangements because of a medical condition.
- Special arrangements for breastfeeding purposes.
- A need to bring medication in its original container into the secure exam area.

This form must be filed for each bar examination for which you apply in South Dakota. A timely request for the **February** administration of the South Dakota Bar Examination must be emailed or postmarked or emailed no later than February 2 immediately preceding the examination for which application is made. A timely request for the **July** administration of the South Dakota Bar Examination must be postmarked or emailed no later than **June 25** 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. (A doctor's note is not required for requests related to breast feeding.)

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: <https://ujsbarexam.sd.gov>

Applicant's Full Name:
First Middle Last

Exam Date: mm/yyyy

1.) Indicate your request:

- | | | |
|---|---|--|
| <input type="radio"/> Diabetic supplies | <input type="radio"/> Medications in original container | <input type="radio"/> Lumbar support |
| <input type="radio"/> Laptop stand | <input type="radio"/> Quiet, unwrapped snack | <input type="radio"/> Wheelchair seating |
| <input type="radio"/> Breast pumping supplies | <input type="radio"/> Other: (Please Describe) | |
| <input type="radio"/> Arm/leg brace | <input type="text"/> | |

2.) Explain why it is necessary in to address your health-related condition:

3.) Describe special arrangements you would like for breast pumping purposes, if applicable:

Applicant's Signature: _____ Date signed: _____