NEW HAMPSHIRE BOARD OF BAR EXAMINERS
Special Arrangements for Administrative (Non-ADA)
Testing Accommodations

Applicants testing in standard testing rooms, with the standard testing schedule, who have health-related conditions that do not rise to the level of a disability requiring nonstandard testing accommodations under the Americans with Disabilities Act (ADA), may request special arrangements. Some common special arrangements include:

- Permission to bring an assistive device such as a lumbar support, diabetic supplies, or lactation pump into the examination room.
- Special arrangements for lactation during breaks.
- Permission to bring food into the examination room because of a medical condition.
- Special seating arrangements (i.e. near a restroom).

Applicants in need of special arrangements due to health-related conditions are asked to submit a completed Request for Special Arrangements for Health-Related Conditions form to:

Sherry Hieber, General Counsel
New Hampshire Office of Bar Admission
4 Chenell Drive, Suite 102
Concord, New Hampshire 03301.

The form may be submitted by email to shieber@nhoba.org

The deadline for submission is January 15 for the February exam and June 15 for the July exam, unless there is an emergent event which occurs prior to the exam. Applicants may be required to submit medical documentation to support a request.

Please note that this request is not to be used by applicants seeking ADA Nonstandard Testing Accommodations. Applicants with disabilities requiring nonstandard testing accommodations must submit by December 1 (February exam) or May 1 (July exam) the request and required forms, available at http://www.courts.state.nh.us/nhbar/accommodate.htm
NEW HAMPSHIRE BOARD OF BAR EXAMINERS
Request for Special Arrangements
for Health-Related Conditions

Bar Exam: February July 20_______

Applicant name: ___________________________________________________________

Email address:   ___________________________________________________________

Telephone number: ________________________________________________________

Please specifically describe your request and set forth the underlying health-related condition that is the basis of your request. Describe any assistive device that you wish to bring into the examination room, any special seating that you require, your need for space during a break (i.e. if you need privacy to operate a lactation pump), or any other arrangement that you need.  BE AS SPECIFIC AS POSSIBLE.

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Date: _______________________ Signature:______________________________

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Submit the completed form by January 15 for the February exam, or June 15 for the July exam, to Sherry Hieber at shieber@nhoba.org or mail to New Hampshire
Supreme Court Office of Bar Admissions, 4 Chenell Drive, Suite 102, Concord, New Hampshire 03301.