

BOARD OF LAW EXAMINERS OF THE STATE OF NORTH CAROLINA

**VISUAL DISABILITY VERIFICATION FORM
FOR NORTH CAROLINA STATE-SPECIFIC COMPONENT OF
THE UNIFORM BAR EXAMINATION**

NOTICE TO APPLICANT: This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending accommodations on the North Carolina State-Specific Component of the Uniform Bar Examination for you on the basis of a visual disability. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Applicant's full name: _____

Date(s) of evaluation/treatment: _____

Applicant's date of birth: _____ [SSN]: _____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the North Carolina Board of Law Examiners or consultant(s) of the North Carolina Board of Law Examiners.

Signature of applicant

Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations for the North Carolina State-Specific Component ancillary to the Uniform Bar Examination. All such requests must be supported by a comprehensive diagnostic evaluation by the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the bar examination on the basis of a visual disability. The North Carolina Board of Law Examiners (hereinafter referred to as "The Board") requires the qualified professional to complete all questions on this form that pertain to the applicant's visual impairment. Reference specific tests or other objective data and clinical observations, and **attach copies of test results**, if relevant. We appreciate your assistance.

The Board may forward this information to one or more qualified professionals for an independent review of the applicant's request.

Print or type your responses to the items below that pertain to the applicant's visual impairment. Return this completed form and copies of relevant test results to the applicant for submission to the Board.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Occupation and specialty: _____

License number/Certification/State: _____

Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations. _____

II. DIAGNOSIS

1. What is the applicant's current diagnosis? Include a statement as to whether the condition is stable or progressive.

2. Please state the applicant's best corrected visual acuities for distance and near vision.

III. DIAGNOSIS-SPECIFIC FINDINGS. ONLY address relevant areas.

1. Please describe the applicant's eye health (both external and internal evaluations).

2. Visual Field: threshold field, not confrontation (provide measurements and copies of reports)

3. Binocular Evaluation: eye deviation (provide measurements), diplopia, suppression, depth perception, convergence, etc. Specify whether difficulty with distance, near point, or both.

4. Accommodative Skills: at near point, with and without lenses (provide measurements)

5. Oculomotor Skills: saccades, pursuits, tracking

IV. FUNCTIONAL LIMITATIONS

Describe the functional impact, if any, of the applicant's visual condition on the applicant's reading ability.

V. ACCOMMODATIONS RECOMMENDED FOR THE NORTH CAROLINA STATE-SPECIFIC COMPONENT ANCILLARY TO THE UNIFORM BAR EXAMINATION

General and Transfer Applicants for admission to the North Carolina State Bar are required to successfully complete the North Carolina State-Specific Component ancillary to the Uniform Bar Examination.

The North Carolina State-Specific Component is an online course covering North Carolina distinctions in six areas of the law. The course consists of six video presentations, approximately one-hour in duration, each followed by three questions that must be answered successfully by the applicant. Each subject area video includes a PowerPoint presentation. Screen reader compatibility is included with all quiz questions, quiz instructions and in the main navigation menu of the course. Copies of the PowerPoint presentations used by the presenters within the video are not provided to applicants, except as a special accommodation for applicants with a visual disability.

Taking into consideration this description of the North Carolina State-Specific Component and the functional limitations currently experienced by the applicant, do you recommend that the applicant be provided a copy of the North Carolina State-Specific Component subject area PowerPoint presentations for use with a reader or screen reader?

☐ Yes

☐ No

VI. Professional's Signature

I have attached a copy of all records, test results, or reports upon which I relied in making the diagnosis and completing this form.

I certify that the information on this form is true and correct based upon my knowledge and belief.

Signature of person completing this form

Date signed

Title