

BOARD OF LAW EXAMINERS OF THE STATE OF NORTH CAROLINA

FORM J: BREASTFEEDING VERIFICATION

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 test accommodations on the bar examination for you due to breastfeeding. 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: _____

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 on the North Carolina Bar Examination. All such requests must be supported by verification from a qualified health care professional who is treating the applicant and is recommending non-standard testing accommodations on the bar examination due to breastfeeding. The North Carolina Board of Law Examiners (hereinafter referred to as "the Board") also requires the qualified professional to complete this form. We appreciate your assistance.

Print or type your responses to the items below. Return this completed form, the comprehensive evaluation report, and relevant records 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: _____

II. VERIFICATION OF BREASTFEEDING

- 1. Is the applicant currently breastfeeding? _____ Yes _____ No
- 2. Will the applicant be breastfeeding at the time of the administration of the bar examination?
_____ Yes _____ No

III. ACCOMMODATIONS RECOMMENDED FOR THE NORTH CAROLINA BAR EXAMINATION (check all that apply)

The North Carolina Bar Examination is a timed two (2) day examination. The examination shall be the Uniform Bar Examination (UBE) prepared by the National Conference of Bar Examiners and comprising six (6) Multistate Essay Examination (MEE) questions, two (2) Multistate Performance Test (MPT) items, and the Multistate Bar Examination (MBE). Applicants may be tested on any subject matter listed by the National Conference of Bar Examiners as areas of law to be tested on the UBE. Questions will be unlabeled and not necessarily limited to one subject matter. As this is a timed examination, the standard testing time for each session is three (3) hours.

Applicants are assigned seats, two per rectangular table, with one person seated at each end of the table. They are not allowed to bring food, beverages, or other items into the testing room unless approved as accommodations. The examination is administered in a quiet environment, and applicants are allowed to use small foam earplugs provided by the Board. They may leave the room only to use the restroom or drinking fountain, within the time allotted for the test session.

Due to the applicant breastfeeding at the time of the examination, what non-standard testing accommodation (or accommodations, if more than one would be appropriate) do you recommend?

- Permission to bring lactation equipment and supplies to examination site
- Access to private area for breastfeeding and/or use of lactation equipment and supplies
- Off-the-clock breaks as needed for breastfeeding and/or use of lactation equipment and supplies
- Other: _____

IV. Professional's Signature

I certify that the information on this form is true and correct to the best of my knowledge and belief.

Signature of person completing this form

Date signed

Title
