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**CERTIFIED PARALEGAL EXAMINATION
REQUEST FOR ACCOMMODATION**



Please complete the following information. In a separate letter please describe your specific disability, when and how it was first identified, and the accommodations you are requesting because of it. Mail the letter, the completed form, and the requested documentation to the NALA Certifying Board at the address listed above.

I. REQUEST FOR ACCOMMODATION:

A. Do you require any form of reasonable accommodation in order to take the Certified Paralegal examination?

Yes No

B. If yes, please state the reason for the need:

If no, please sign under Section IV and return to NALA Headquarters at the above address.

Please attach current documentation (within the last two years) from a doctor, psychologist, psychiatrist, or other appropriate professional, certifying your disability and recommending the necessary accommodation.

II. PAST ACCOMMODATIONS MADE FOR THE REASONS SET FORTH IN SECTION I:

- A. High School
 - Were you in a special school or program Yes No
 - Did you receive special accommodations for classroom tests? Yes No
 - Did you generally receive extra time for classroom tests? Yes No
- B. Did you receive special accommodations for taking the SAT or ACT examinations for admission to college? Yes No
- C. College:
 - Did you use disabled student services? Yes No
 - Did you generally receive extra time for exams? Yes No
- D. Have you received any special accommodations for any other professional examinations? Yes No

If yes, what accommodations were provided? (Check all that apply)

Formats: Braille Tape Large print

Help: Reader Recorder Sign language interpreter

Extra breaks/rest period Extra testing time

Other. Please describe:

Please include documentation of special services and testing accommodations you have received in other examination situations because of your disability.

III. **ACCOMMODATIONS REQUESTED FOR THE CERTIFIED PARALEGAL EXAMINATION (Check all that apply):**

Formats: Braille Tape Large print

Help: Reader Recorder Sign language interpreter

Extra breaks/rest period Extra testing time

Other. Please describe:

IV. I hereby declare under penalty of perjury that the above and foregoing is true and correct. Falsification of any of the above information will result in disqualification.

Signature

Print Name

Address

City, State, ZIP
