

Certified Paralegal Examination Request for Accommodation

Please complete the following information. In order to document your need for accommodation(s) as completely as possible, please attach a personal statement describing your disability and its impact on your daily life and your functioning. In addition to this Request form, you must submit supporting documentation from a qualified medical professional certifying to your disability or qualifying medical condition, with specific identification of the requested accommodation and the medical basis for the request, as set forth in NALA’s CP Program Handbook. NALA will acknowledge receipt of your request and reserves the right to request additional documentation.

Submit the completed form and the requested documentation to the NALA Certifying Board at the address listed above or email it to testing@nala.org. This form must be submitted when the CP Exam application is submitted.

**Submission of incomplete information will slow the processing of your request.*

Name of Applicant: Click or tap here to enter text.
Preferred Email: Click or tap here to enter text.
Address: Click or tap here to enter text.
City, State, ZIP Click or tap here to enter text.
<p>I hereby declare under penalty of perjury that the documentation and foregoing is true and correct. Falsification of any of the information will result in disqualification.</p> <p>Signature: _____ Date: _____</p> <p>I hereby authorize the evaluation and validation of my request for accommodation in accordance with the policies and procedures of NALA in connection with my application to take the NALA CP Exam. I authorize any individual, institution, or organization who may have information they deem relevant to this request to provide such information to NALA, and I authorize NALA to verify any information I have submitted in this request and the authenticity of any supporting documentation I provide in connection with this request. I hereby waive any claim for damages, or otherwise, that I may have against any individual, institution, or organization that supplies information with respect to my request, and NALA, its Certifying Board, or NALA staff, by reason of any act of omission or commission that they, or any of them, may take in good faith in connection with this request.</p> <p>Signature: _____ Date: _____</p>

Name: _____

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

Yes No

If yes, please state the reason for the need: _____

Nature of Disability (check all that apply):

- Hearing
- Psychiatric
- Learning
- Physical
- Visual
- Other: _____

How long ago was your disability first professionally diagnosed?

Less than 1 year 1-2 years 2-4 years 5 or more years

What accommodation(s) are you requesting for the NALA CP Exam?

Formats: Braille Tape Large Print

Help: Reader Recorder Sign language interpreter

Extra breaks Extra testing time

Other: _____

Past Accommodation(s):

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

Name: _____

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 accommodation(s) were provided (check all that apply)?

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Help: Reader Recorder Sign language interpreter

Extra breaks Extra testing time

Other. Please describe: _____