

FORM 9
CERTIFICATE FROM TESTING ORGANIZATION
(To be completed by each testing organization
that provided non-standard
accommodations to the applicant)

IN THE SUPREME COURT OF THE STATE OF HAWAII
BEFORE THE BOARD OF BAR EXAMINERS

In the Matter of the Application

of

(Full legal name)

for

Admission to the Bar of the State of Hawaii

CERTIFICATE

1. Provide your name, position, name of your testing organization, address and telephone number.

2. Give a general description of the examination your testing organization administers, the test format used, the test's purpose, and the standard time allotted for each segment or section of the examination.

(Form approved 08/07/2003)

-1-

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3. Provide the date(s) when your examination(s) or test(s) was/were administered to the applicant. (Please include date(s) when the applicant applied to your organization, but did not sit for the examination.) Did the applicant submit a request for non-standard testing accommodations for each application?

4. State the nature of the applicant's physical or mental impairment that served as the basis for granting the non-standard testing accommodations. What evaluation process was used by your organization to determine whether the person's request for non-standard testing accommodations should be granted?

5. Specifically describe the non-standard testing accommodations granted to the applicant. Fully describe changes in standard or customary testing procedures.

I have read the foregoing document and have answered all questions fully and frankly. I declare, under penalty of law, that the answers are complete and true to the best of my knowledge.

Signature for Testing Organization
(Sign in black ink)