

Board of Law Examiners

Bar.Admissions@iowacourts.gov

Judicial Branch Building

1111 East Court Ave.

Des Moines, IA 50319

(515) 281-8430

Request for Courtesy Accommodation for Health-Related Conditions

Complete this form to request any of the following arrangements to address a health-related condition:

- Permission to bring an assistive device (such as diabetic supplies, a lumbar support, or breast pumping supplies) into the secure exam area.
- Special seating in the exam room.
- Special arrangements for lactating mothers.

Deliver your completed Request, **with medical documentation**, to the Board by e-mail, fax, or mail. You must submit a new Request for each Exam.

Name: _____

Exam Date: _____

1. List the assistive device(s), if any, that you want to bring into the secure exam area, and explain why you need each device to address your health-related condition: (Attach additional sheet if necessary)

2. Indicate your nonstandard accommodation request:

Aisle Seating, near exit to restroom/water station Wheelchair seating

Front of room seating Medication in test room Rear of room seating

Exception to restroom use rules Other: _____

Explain why the accommodation is necessary in order to address your health-related condition:

3. Describe special arrangements you would like for lactating purposes, if applicable:

4. **Attach medical documentation** verifying each condition that is a basis for this Request.

Signature

Date