

**COMMONWEALTH OF PUERTO RICO**  
**SUPREME COURT**  
**Board of Bar Examiners**  
**P.O. Box 9022392**  
**SAN JUAN, PUERTO RICO 00902-2392**

**CERTIFICATE**

This document is for the exclusive use of the Supreme Court of Puerto Rico and its Board of Bar Examiners. The information provided herein will be used to evaluate the request for special assistance or accommodation during the administration of the bar examination filed by the applicant, in accordance with the provisions of the laws that protect persons with disabilities.

The undersigning professional must be the physician or therapist who has treated the applicant for the condition for which accommodation is requested. This professional cannot be a relative of the applicant within the fourth degree of consanguinity or second degree of affinity. He or she shall be available to supply the information provided or clarify doubts about its content through consultations with the Board of Bar Examiners. The Supreme Court guarantees the confidentiality of the information.

The general bar examination is administered during two (2) consecutive days in four (4) periods. On the first day, the morning period shall be from 9:00 a.m. to 12:30 p.m. and the afternoon period shall be from 2:30 p.m. to 6:00 p.m. On the second day, the morning period shall be from 9:00 a.m. to 12:00 p.m. and the afternoon period from 2:30 p.m. to 5:30 p.m. The notarial law examination is administered during the third day, and is divided into two (2) periods, the first being from 9:00 a.m. to 11:00 a.m., and the second from 2:00 p.m. to 4:15 p.m.

**A. IDENTIFICATION OF THE PROFESSIONAL CERTIFYING THE INFORMATION**

1. Professional's Name \_\_\_\_\_
2. Profession/Specialty \_\_\_\_\_
3. Office Address and Telephone Number \_\_\_\_\_  
\_\_\_\_\_
4. Number of years in practice \_\_\_\_\_  
License number \_\_\_\_\_

**B. APPLICANT'S INFORMATION**

1. Applicant's Full Name \_\_\_\_\_
2. State the applicant's impairment or condition. Describe the nature of the impairment or condition.  
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\_\_\_\_\_  
\_\_\_\_\_
3. State the diagnosis or probable diagnosis that may be related to the condition.  
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\_\_\_\_\_  
\_\_\_\_\_

4. State since when you have been treating the applicant for that impairment or condition.

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5. State which medications, treatment, or aids the applicant regularly uses to treat his or her impairment or condition.

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6. State what conditions or circumstances, if any, trigger or worsen the applicant's impairment or condition.

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7. State the special accommodation or assistance that, in your professional judgment, the applicant needs to take the bar exam. When answering this question, be as specific as possible.

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8. Explain the reason(s) why the applicant needs such special accommodation or assistance.

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9. Comments, if any.

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**NOTE: The undersigned states under penalty of perjury that he/she provided regular or emergency treatment to the applicant for his/her impairment and that the diagnosis provided had been documented and is based on clear evidence of the same when compared to the rest of the population, and that the undersigned possesses the skills and training that enable him/her to establish such diagnosis.**

Date: \_\_\_\_\_, \_\_\_\_\_

Signature: \_\_\_\_\_