

Name of Applicant: _____

Date Short Form Accepted _____

Above For Office Use Only

**NATIONAL ELDER LAW FOUNDATION
BOARD OF CERTIFICATION**

6336 N Oracle Rd., Ste. 326, #136

Tucson, AZ 85704

Tel: (520) 881-1076 Fax: (520) 203-2077

LONG FORM APPLICATION FOR CERTIFICATION IN ELDER LAW

I. GENERAL INFORMATION ON APPLICANT

Name _____

(As you wish it to appear on your Certificate)

Name of Firm _____

Office Address _____

City _____ State _____ Zip _____

Office Phone: _____ Fax No: _____

Home Address _____

City _____ State _____ Zip _____

Home Phone: _____ Fax No: _____

Date of Birth _____

Drivers License, State and No. _____

For Use as Photo I.D. with Signature at Exam

Name of Applicant _____

I. General Information.

Colleges and Law Schools Attended:

Name of College/Law School	From	To	Degree

Legal Employment: List all places of legal employment during the five years immediately preceding the date of this Application.

1. _____
Firm or Employer From: Mo/Yr To: Mo/Yr

Address City/State/Zip

Title (partner, associate, other) Immediate Supervisor

2. _____
Firm or Employer From: Mo/Yr To: Mo/Yr

Address City/State/Zip

Title (partner, associate, other) Immediate Supervisor

3. _____
Firm or Employer From: Mo/Yr To: Mo/Yr

Address City/State/Zip

Title (partner, associate, other) Immediate Supervisor

4. _____
Firm or Employer From: Mo/Yr To: Mo/Yr

Address City/State/Zip

Title (partner, associate, other) Immediate Supervisor

Name of Applicant _____

II. LICENSURE/CERTIFICATION/INTEGRITY

List all jurisdictions in which you are licensed or have been licensed to practice law.

JURISDICTION	BAR CARD/I.D. NO.	DATE OF LICENSURE

- A. Are you a member in good standing of the Bar in all jurisdictions in which you are licensed to practice, and were you a member in good standing at the time any license may have been voluntarily surrendered, and are you currently an active member of the Bar in at least one of said jurisdictions? See Rules and Regulations, Section 5.1.1.

____ Yes ____ No

- B. Have you been disciplined, disbarred, or suspended from practice by any body authorized to impose professional discipline?

____ Yes ____ No

- C. Have you been convicted of a crime?

____ Yes ____ No

- D. Have you admitted malpractice, or has a final malpractice judgment been entered against you?

____ Yes ____ No

II. Licensure/Certification/Integrity.

List any legal certification you have previously obtained:

Certifying Entity	Specialty	Date of Certification

E. Have you been denied certification by any certifying entity?

___ Yes ___ No

If you answered "no" to A above, or "yes" to B, C, D, or E above, you must submit with this Application a detailed written explanation for each such answer.

Under Rules and Regulations Section 5.1.3, "The Board of Certification shall accept as final the findings of any body authorized to impose professional discipline. The applicant may not be certified for three years following any public discipline, final criminal conviction, final malpractice judgement, or admission of malpractice as defined in Section 5.3.4, unless the applicant establishes to the Standards Committee that such factors are not relevant to the applicant's fitness to be certified."

III. ITEMIZATION OF SUBSTANTIAL INVOLVEMENT IN ELDER LAW

By completing this section of the Long Form Application, I certify that I have practiced elder law an average of at least 16 hours per week **in each of the three years immediately preceding the date of my short-form application**, and that **during that same time period** I have provided legal services in at least sixty (60) elder law matters as defined in Section 5.1.4.2 (A) of the Rules and Regulations. [Note: One file for an individual client can include multiple "legal services" or "matters" as defined in Section 5.1.4.2 (A), but each "matter" must be listed separately.] Following is an itemization of sixty elder law matters in which I have provided legal services in the last three years, and which I am using to satisfy these requirements. Of these 60 elder law matters, 40 are in areas 5.1.4.2 (A) (1) through (5), with at least five matters in each of these areas. The next ten matters are in areas (6) through (12), with no more than five matters in each of these areas, and the remaining ten matters are in any area of my choosing, as required under Rules and Regulations Section 5.1.4.

To maintain client confidentiality, do not identify individual clients. Keep for yourself a separate "reference list" of client matters that you have included. This is necessary in the event the Board contacts you for further information. Do not include this "reference list" with your Application.

INSTRUCTIONS:

The following page provides the required format for itemizing the elder law matters that you are using to fulfill the certification task requirements. Make copies of this page and itemize all sixty matters on these copied pages. Number each page at the top as indicated.

In addition, you are required to use and complete the page entitled "Itemization Master Grid" to demonstrate and assure that you have listed at least 40 matters in the first five columns, ten matters in the last eight columns plus an additional 10 matters in any category. A check mark for each "itemized matter" in the appropriate column will identify that "matter" in one of the areas specified under Section 5.1.4.2. (A) (1) through (12).

Name of Applicant _____

III. Itemization of Substantial Involvement. Sheet ___ of _____

ITEMIZATION OF INDIVIDUAL ELDER LAW MATTERS

If you do not use this form and the Itemized Master Grid, your Application will not be accepted and filed.

MATTER NUMBER _____

Section Number in which matter falls in Rules and Regulations Sections 5.1.4.2 (A) 1 through 12: _____

Type of Representation or Counsel given: _____

Date of matter _____

Ultimate disposition of Matter: _____

Check each of the following that apply. Refer to Section 5.1.4.2.E

- a. _____ Provided advice;
- b. _____ Drafted legal documents;
- c. _____ Administered legal directives;
- d. _____ Participated in litigation relative to an elder law issue.

MATTER NUMBER _____

Section Number in which matter falls in Rules and Regulations Sections 5.1.4.2 (A) 1 through 12: _____

Type of Representation or Counsel given: _____

Date of matter _____

Ultimate disposition of Matter: _____

Check each of the following that apply. Refer to Section 5.1.4.2.E

- a. _____ Provided advice;
- b. _____ Drafted legal documents;
- c. _____ Administered legal directives;
- d. _____ Participated in litigation relative to an elder law issue.

Name of Applicant _____

IV. CONTINUING LEGAL EDUCATION ACTIVITY

List below your continuing legal education in elder law within the three years immediately preceding your short form application. You must have attended or participated in at least 45 hours of continuing legal education in elder law **within three (3) years preceding the acceptance date of your short form application**. Please indicate whether the CLE course has been approved by the bar in any jurisdiction. If it has not been approved, please send sufficient information regarding the activity to allow the Standards Committee to make a decision regarding its acceptability to satisfy CLE requirements. See Rules and Regulations Section 5.1.5, particularly with regard to credit for teaching, writing, etc.

If you need additional space to list the CLE programs that you are using to satisfy this requirement, make and use photocopies of the following page.

Title of program, course, or work: _____

Sponsor: _____

Date(s) presented or published: _____

Number of hours of attendance, teaching, or preparation

Bar Approved? _____ Yes, _____ No If yes, which bar? _____

If participation other than CLE attendance, describe: _____

Title of program, course, or work: _____

Sponsor: _____

Date(s) presented or published: _____

Number of hours of attendance, teaching, or preparation

Bar Approved? _____ Yes, _____ No If yes, which bar? _____

If participation other than CLE attendance, describe: _____

Name of Applicant _____

IV. Continuing Legal Education Activity.

Title of program, course, or work: _____

Sponsor: _____

Date(s) presented or published: _____

Number of hours of attendance, teaching, preparation

Bar Approved? _____ Yes, _____ No If yes, which bar? _____

If participation other than CLE attendance, describe: _____

Title of program, course, or work: _____

Sponsor: _____

Date(s) presented or published: _____

Number of hours of attendance, teaching, or preparation

Bar Approved? _____ Yes, _____ No If yes, which bar? _____

If participation other than CLE attendance, describe: _____

TOTAL OF ABOVE

HOURS....._____

I certify that I have, in fact, completed the above as listed, and that I can produce appropriate documentation of same if requested by the Board of Certification.

Dated: _____

Signed: _____

Name of Applicant _____

V. NAMES OF REFERENCES

List below the name, address and telephone number of at least five attorneys who are familiar with your competence and qualifications in elder law. None of these attorneys may be persons related to you or engaged in the practice of elder law with you. Three of these attorneys must have devoted at least 800 hours to the practice of elder law in each of the past three years. See Rules and Regulations, Section 5.1.6.1. You may give us more than the five references required by the Rules and Regulations. This is not mandatory, but will help ensure the timely return of the requisite number so as not to delay your application. All references you provide will be contacted and all references received by the Board will be considered, even if more than five are received. A copy of the form that the Board will distribute is attached for your information only. Do not send the form to your references. The form will be mailed by the Board directly to the references that you provide.

As part of the Long Form Application Agreement, you have signed a confidentiality waiver, waiving the right to review or discover the Confidential Statements of Reference received from your references and the information contained therein.

- Name _____
Firm _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

- Name _____
Firm _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

- Name _____
Firm _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

Name of Applicant _____

V. Names of References

- Name _____
Firm _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

- Name _____
Firm _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

- Name _____
Firm _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

- Name _____
Firm _____
Address _____
City _____ Zip _____
Phone _____ Fax _____

Name of Applicant _____

VI. VERIFICATION AND LONG FORM APPLICATION AGREEMENT

STATE OF _____

COUNTY/PARISH/CITY OF _____

No alterations or modifications may be made to this Agreement. If any alterations or modifications are made, the application will not be accepted and filed, and the application fee will not be refunded.

Note: You must comply with all certification requirements as set forth in the Rules and Regulations, including the filing of this completed Long Form Application and the successful completion of the Certification Examination, within two years of the date of acceptance of your Short Form Application (your date of acceptance appears on the top of Section I of this application). If you do not, the Rules and Regulations mandate that you will be required to start the entire certification process over again.

I agree to abide by all rules and regulations promulgated by the National Elder Law Foundation, Board of Certification (the "Board") as amended from time to time and to pay all fees required by the Board as due.

In making and filing this application for certification, I authorize all persons, firms, officers, corporations, associations, organizations, State or Federal agencies and institutions to furnish to the Board or any of its authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application or in any investigation of my continuing satisfaction of the standards for certification.

I further agree that all information received by the Board may be treated confidentially by the Board. In addition I hereby waive my right of confidentiality with regard to any agency (whether State, National, or other, including the American Bar Association) with jurisdiction over legal licensure, disciplinary proceedings, or specialization, and also with regard to any organization or entity approved by the state to certify legal specialists to which I have applied or by which I am certified.

I specifically waive any right to review any Confidential Statements of Reference or other evaluations and references made to the Board, whether solicited by me or by the Board. In addition, I agree not to seek discovery of such references and evaluations, formally or informally, in any legal proceeding or otherwise.

I release, discharge and exonerate the National Elder Law Foundation, including the Board of Certification, its officers, directors, staff, agents, employees, volunteers, and representatives, and any person furnishing information or evaluations to the Board, from any and all liability of every nature and kind arising from the investigation and evaluation of my application or my continuing satisfaction of the standards for certification.

I agree to defend or pay the costs of defense, at the discretion of the Board, for any suit or claim initiated concerning my application, my Certification or re-Certification, or the revocation of my Certification or re-Certification, by the National Elder Law Foundation, and to indemnify the National Elder Law Foundation and the Board of Certification for any judgment or settlement ordered or paid as a result of any legal action arising therefrom.

Name of Applicant _____

VI. Verification and Agreement

I agree that in the event my certificate is suspended or revoked or I am not recertified, I shall cease to hold myself out in any way as certified by the National Elder Law Foundation, and will remove my certificate from public display.

I hereby certify that I have reviewed each part of my application carefully, and made each statement and representation therein, and answered each question therein, voluntarily, fully and frankly and without concealment or reservation. Such answers are, within my personal knowledge, true and complete.

I enclose with this completed Long Form Application my non-refundable Long Form Application Fee in the amount of \$275.00.

Signature of Applicant

Applicant's Name (type or print)

SWORN TO and SUBSCRIBED before me this

_____ day of _____, 20_____

NOTARY PUBLIC

My commission expires: _____

[NOTARIAL SEAL]

If payment is not included, the Application will not be accepted and filed.

Check # _____ in the amount of \$275.00, payable to "**NELF**".

_____ Please Charge my VISA/MasterCard in the amount of \$275.00.	
Account No. _____	Expiration Date _____
Signature _____	Date: _____