

SHORT FORM APPLICATION FOR CERTIFICATION IN ELDER LAW

APPLICANT INFORMATION

Name:

Firm:

Phone:

Fax:

Business Address:

City:

State:

ZIP Code:

Email:

URL:

Date of Birth

HOME ADDRESS

Address:

City:

State:

ZIP Code:

Phone:

To which address do you prefer mail to be sent?

Business Home

BAR ADMISSIONS

Principle Jurisdictions:

Date

Active

Yes

No

Other Jurisdictions:

Date

Active

Yes

No

Other Jurisdictions:

Date

Active

Yes

No

CERTIFICATION BY APPLICANT

The undersigned hereby certifies to NELF that the Applicant:

1. Is in good standing of the Bar and in all jurisdiction in which he/she are licensed to practice;
2. Has a well-deserved outstanding reputation;
3. Has demonstrated exceptional skill in Elder Law;
4. Is a lawyer to whom the other members in the Applicant's jurisdiction would readily refer a matter to;
5. Has not had his/her law license revoked or suspended in any state, or been publicly sanctioned by a disciplinary authority;

I understand and agree that by submitting this Short Form Application, I am bound by all Rules and Regulations of the National Elder Law Foundation as they currently exist, and as they may be amended from time to time in the future. I understand and agree that the National Elder Law Foundation is incorporated in the State of Arizona and that the laws of Arizona shall govern this application and any disputes between myself and the National Elder Law Foundation, its officers, agents, directors, employees or volunteers.

My \$25.00 non-refundable Short-Form Application Fee is enclosed with this Short-Form Application. I understand and agree that I must complete all other certification requirements within two years of filing this Short-Form Application, and that if I do not, as provided by Section 4.3.2 of the Rules and Regulations of the National Elder Law Foundation, I will be required to reapply for certification, and will receive no credit for requirements that were satisfied in connection with the earlier application.

SIGNATURE

Signature of applicant: _____

Date: _____

The following questions are intended to help us identify what experience and preparation is most likely to lead to passage of the exam, and to develop demographic data about our pool of applicants. Your answers will **NOT** be used to determine whether you qualify to be certified in elder law. Please be candid so that we can make our processes more efficient and improve the experience of future applicants.

1. How many years have you practiced law?

2. In what areas of law do you practice? (please list anything to which you devote 5% or more of your time)

3. What percentage of your practice is devoted to the Elder Law core areas?

4. List all professional organizations whose boards or committees you have served on in the last 5 years.

5. Please list any listservs or discussion groups (either on-line or in person) related to Elder Law in which you subscribe.

NAELA listserv State Listserv Other _____

6. In what size group do you practice? Solo 2-5 Attorneys 6-10 Attorneys
 Over 10 Attorneys

7. Is anyone else in your practice a CELA®? Yes No

Mail this completed application with your \$25.00 Short Form Application fee:

National Elder Law Foundation
6336 N. Oracle Rd., Ste. 326, Box 136
Tucson, AZ 85704
Email: Meg@nelf.org
Tel: (520) 881-1076
Fax: (520) 203-0277

Check # _____ enclosed in the amount of \$ _____, made payable to NELF.

Please charge my: _____ Visa MasterCard

Account#: _____

Exp. Date: _____