

AGENCY APPLICATION FORM

MINNESOTA STATE BOARD OF LEGAL CERTIFICATION

APPLICATION FOR CERTIFICATION

Applicant Name:	_____
Address:	_____

Telephone Number:	_____
Contact Person:	_____
Date Submitted:	_____

Revised 1992

1.0 Background

1.01 Full legal name of applicant

Has applicant ever been known by any other name?

1.02 Address of applicant

1.03 Telephone number of applicant

1.04 Name, address, telephone number, and title of person to contact regarding application.

1.05 What is the nature of the business transacted by the applicant?

1.06 State whether applicant is a sole proprietorship, a partnership, a corporation or a voluntary association. Please complete the following:

1.061 The date on which the entity was formed.

1.062 The city or town and state in which the entity is registered as doing business or incorporated.

1.063 The name, address and telephone number of the proprietor or of each partner or of each officer of the corporation.

1.064 If incorporated, please enclose a copy of the articles of incorporation.

1.065 Please enclose the curriculum vitae of the sole proprietor, any partner or any officer of the corporation and of all persons directly involved in the process of certifying applicants; please include all persons accepting and evaluating applications, devising, and grading examinations, and of those involved in the recertification process.

1.066 As to anyone identified in sections 1.01 and 1.065 above, is there any pending or settled disciplinary matter before the authority which admitted such person to practice law and if so, please provide details of the case or cases.

1.067 Is there now an action pending against, or has judgment been entered against the sole proprietor, any partner, any officer of the corporation or anyone identified in section 1.065 above in the following: (1) any disciplinary matter before the authority which admitted such person to practice law and if so, the name and address of such authority, the docket number or other means of identifying the case and the details thereof; and (2) any lawsuit in a court of competent jurisdiction for negligence or other misconduct in the practice of law; and (3) any civil or criminal action alleging fraud, dishonest or moral turpitude, and if so, the name and address of such court, the docket number or other means of identifying the case and details thereof.

1.07 Has there ever been a revocation of any license, permit accommodation or privilege of applicant? If yes, describe in detail.

1.08 State whether the applicant is a profit-making enterprise or not for profit enterprise.

1.09 State the name and address of each organization or entity sponsoring the applicant.

1.10 If the applicant has been approved or rejected for legal certification participation in any other jurisdiction or jurisdictions, please list.

1.11 Does the applicant have a source of funding other than fees for certification of attorneys? If yes, please provide details.

1.12 State the names and addresses of three of the applicant's financial references.

1.13 State the names and addresses of 5 of the applicant's professional references. For each person, state the relation, if any, to the applicant.

2.0 STAFFING

2.01 If the applicant maintains a staff of employees to process lawyers seeking to be certified as specialists, state the total number of employees on staff and the functional composition of the staff of employees.

2.02 If the answer to 2.01 above is in the negative, describe the means the applicant employs to process lawyers seeking to be certified as specialists.

3.0 MISSION, GOALS, AND OBJECTIVES

3.01 Succinctly state applicant organization's mission.

3.02 List the goal or goals of your organization with respect to the certification of specialists.

3.03 Provide a comprehensive definition of each field of law in which the applicant is seeking authority to certify lawyers as specialists.

3.04 Describe the objective standards or the objective qualifications which must be met by lawyers seeking to be certified as specialists in each field of law in which the applicant is seeking authority to certify lawyers as specialists.

4.0 VERIFICATION AND EVALUATION

4.01 Describe in detail the procedure the applicant requires lawyers seeking to be certified as specialists to follow to become certified.

4.02 State the measures and procedures by which the standards or qualifications described in question 3.04 above are verified by the applicant.

4.03 Describe your organization's method of investigating peer recommendations.

4.04 Describe applicant organization's method of verifying Minnesota's 3 year/25% practice requirement.

4.05 As to the applicant's written and/or oral examination, state as to each:

4.051 the duration of the examination;

4.052 whether the examination is monitored and by whom;

4.053 when and where the examination is given;

4.054 how the examination is administered;

4.055 how the examination is evaluated;

4.056 the educational and professional qualifications of the persons who devise the examination;

4.057 the educational and professional qualifications of the persons who evaluate the examination;

4.058 the educational and professional qualifications of the persons who grade the examination

4.059 an outline of the grading standards and a description of how such standards will be applied;

4.0510 how the examination questions are selected;

4.0511 who selects the examination questions ;

4.0512 how frequently the examination questions are changed;

4.0513 how professional responsibility and ethics are related to the particular specialty area will be tested.

4.06 Does the applicant agree to make grading standards for both oral and written examinations available to interested parties prior to the tests?

4.07 Does the applicant agree to make model answers for oral and written examinations available for inspection by interested parties after the tests?

4.08 Describe in detail what, if any, procedures in addition to testing, will be used to evaluate candidates.

4.09 Describe what procedures are in place to periodically evaluate the effectiveness of your program.

5.0 FEES AND COSTS

5.01 State what fees or costs or expenses the applicant entity requires applicant lawyers to pay to become certified as specialists.

5.02 Describe how applicant will collect fees, forward same to Minnesota and notify the Minnesota Board of Legal Certification in the event of failure by a certified attorney to pay annual fees due the State of Minnesota.

6.0 CONTINUING LEGAL EDUCATION

6.01 List at least 20 hours of continuing legal education courses approved by the Minnesota Board of CLE which are within each of applicant's defined specialty areas and which have been offered in the past three years. Indicate course title, sponsor name, date held, number of CLE hours.

6.02 Describe how the list of courses set forth in question 6.01 covers all major subject areas tested by applicant agency's oral and/or written examination.

6.03 Describe how applicant proposes to communicate to interested potential applicants, the CLE information contained in questions 6.01 and 6.02 and on the attached Expertise/Examination/CLE grid.

6.04 Describe how applicant will determine which CLE courses are appropriate for certified specialists.

6.05 Describe how applicant will monitor certified specialists' CLE requirements.

7.0 RECERTIFICATION AND DECERTIFICATION

7.01 Describe the applicant's standards and process for recertifying a lawyer.

7.02 Describe applicant's standards and process for decertifying a lawyer.

7.03 Describe applicant's due process procedures which will be available to attorneys who are decertified.

7.04 Describe any other due process procedures which applicant has in place for use by applicant attorneys, others.

7.05 Describe the standards to be used in certifying disciplined attorneys.

8.0 PUBLICATION

8.01 Describe the mechanism applicant has in place to publicize the certification program to all attorneys licensed in Minnesota who may have an interest in the specialty area.

9.0 ENCLOSE THE FOLLOWING

9.01 A copy of an application form drafted in compliance with the Minnesota State Board of Legal Certification Rule 114 which the applicant requires lawyers seeking to be certified as specialists to complete.

9.02 A copy of each written or oral examination question and each model answer which the applicant uses to certify attorneys as specialists.

9.03 A copy of the attorney release form required by the applicant which authorizes the sharing of the certifying body's information with the Minnesota Board of Legal Certification pursuant to Rule 114(g).

9.04 A completed "Expertise/Examination/CLE Grid". Please feel free to retype the grid in order to use as much space as necessary to complete the form.

Revised 4/16/87

EXPERTISE/EXAMINATION/CLE GRID

A. List the objective skills or expertise which an attorney must demonstrate in order to be certified as a specialist in each field of law in which your organization is seeking authority to certify attorneys.	B. As to each of the skills or expertise listed in column A., list the performance criteria, other than testing which your organization intends to utilize in evaluating each attorney's skills or expertise.	C. As to each of the skills or expertise listed in column A., list the corresponding areas tested on your oral and/or written examination.	D. As to each of the tested areas listed in column C., identify types of CLE courses which an attorney might attend in order to prepare for the examination.*	E. As to each of the types of courses listed in column D, list a particular CLE course by name and sponsor, offered in the past three years which addressed the substantive law areas described.*
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.
4.	4.	4.	4.	4.
5.	5.	5.	5.	5.
6.	6.	6.	6.	6.
*As to any skills or expertise which applicant does not believe can be tested or covered in CLE courses, please provide a narrative explanation.				

**STATEMENT OF COMPLIANCE
AND RELEASE OF INFORMATION**

I, _____, as authorized representative of _____ and contact person for purposes of this application for authority to certify lawyers in the field of _____, authorize and consent to an

investigation as to the matters requested and disclosed in this application.

I agree to provide further information which may be required in reference to the current or prior activities of the applicant agency, and to cooperate in the investigation of the statements on this application. I also agree to and will abide by policies set forth by the Board, and I will strictly adhere to the confidentiality of information on applicants as required by law.

I understand that records must be made available to the Minnesota Board of Legal Certification upon request; such records include the names and addresses of applicants or certified lawyers, faculty and staff involved in the process of legal certification, course materials, examinations, and evaluations of the agency's program.

In addition, I understand that authorization for certifying lawyers in this field of law may be revoked at any time by the Minnesota Board of Legal Certification.

I certify that _____ does

not discriminate in its membership on the basis of race, color, creed, national origin, gender, handicap or geographic location.

As authorized representative of _____

I agree that _____ will be

subject to the laws of Minnesota and to the Rules of the Supreme Court of Minnesota which regulate attorneys.

I agree to notify on a timely basis, the Minnesota Board of Legal Certification regarding the names and addresses of those lawyers who are decertified or not re-certified and provide a brief description of the reason for each attorney's change in status.

I agree to submit an annual report to the Board prior to January 20th of each pursuant to the Rules of the Board of Legal Certification.

I agree to notify the Board at least 60 days in advance upon changing standard procedures.

I release, discharge, and exonerate the Minnesota Board of Legal Certification, its members, staff, agents and representatives and any person furnishing information to the Board from any and all liability of every nature and kind arising out of the furnishing or inspection of documents, records, and other information or the investigation.

I certify that the information disclosed and the items provided pursuant to the requirements of this application are true and complete to the best of my knowledge and belief.

Signature of Authorized Contact Person

Title _____

For _____

State of _____

County of _____

On this _____ day of _____, 20 __, before me
personally appeared _____

to me known as the person described in, and who executed this instrument,
and acknowledged that he/she executed it as his/her free act and deed.

Notary Public

State of _____

Notary Seal

County of _____

My Commission Expires: _____