

Name of Applicant: \_\_\_\_\_

Exam Location: \_\_\_\_\_

**NATIONAL ELDER LAW FOUNDATION  
BOARD OF CERTIFICATION**

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

Tucson, AZ 85704

Tel: (520) 881-1076 Fax: (520) 203-0277

**ELDER LAW EXAMINATION FORM**

This form must be received at **least 45 (forty-five) days prior to the date of the examination** for which you are registering. The form must be accompanied by the non-refundable (subject to change) examination fee. The next scheduled examination is **March 23, 2018** and will be proctored at CELA attorney offices. Please visit the NELF website at [www.nelf.org](http://www.nelf.org) to view a current list of CELAs in your area. *Record your top two choices for a proctor in the top right corner of this form.*

**VII. APPLICANT INFORMATION**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ I elect to take the exam using my own personal laptop computer using the ExamSoft SofTest software program. I agree to complete all procedures and fees for certifying my laptop for the installation of the SofTest prior to taking the exam. **Examination Fee: \$450.00**

\_\_\_\_\_ I elect to take the exam manually. **Examination Fee: \$600.00**

If you have a disability and require special accommodations please submit a letter, along with any supportive documentation, to the NELF Standards Committee at least 45 (forty-five) days prior to the date of the examination for which you are registering.

Check # \_\_\_\_\_ payable to "NELF".

\_\_\_\_\_ Please Charge my VISA/MasterCard.

Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

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