

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 **September 15, 2017** and will be proctored at CELA attorney offices. Please visit the NELF website at 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: _____