



APPLICANT INFORMATION

Name: _____

Firm: _____

Phone: _____

Email: _____

Business Address: _____

City: _____

State: _____

ZIP Code: _____

LEGAL EMPLOYMENT

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

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

Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Immediate Supervisor: _____

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

Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Immediate Supervisor: _____

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

Address: _____ City: _____ State: _____ Zip: _____

Title: _____ Immediate Supervisor: _____

Yes, send me a Recertification Certificate

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. Have you been disciplined, disbarred, or suspended from practice since the date of your certification or most recent re-certification by any body authorized to impose professional discipline?

Yes No

B. Have you been convicted of a crime since the date of your certification or most recent re-certification?

Yes No

C. Have you admitted malpractice, or has a final malpractice judgment been entered against you since the date of your certification or most recent re-certification?

Yes No

List any legal certification you have previously obtained:

Certifying Entity	Specialty	Date of Certification

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

Yes No

If you answered "yes" to A, B, C, or D, you must submit with this Application a detailed written explanation for each such answer.

Under Rules and Regulations Section 5.1.3. The applicant shall disclose to the National Elder Law Foundation (NELF) on the Annual Statement respecting continued CELA® certification and any time thereafter, any fact or circumstance described in Section 4.3.4. NELF shall accept as final the findings of any body authorized to impose professional discipline.

SUBSTANTIAL INVOLVMENT IN ELDER LAW

A. I am a member in good standing of the State Bar in all jurisdictions in which I am licensed to practice, I was a member in good standing at the time any license I may have had was voluntarily surrendered, and I am currently an active member of the Bar in at least said jurisdiction. See Rules and Regulations 5.1.1.

B. I have practiced elder law an average of at least 16 hours per week during at least three of the four years since my certification or most recent re-certification and, that I expect to satisfy the number of hours requirement in the fifth year of my certification.

C. I have provided legal services in at least sixty (60) elder law matters as defined in Sections 5.1.4.2 (A) of the Rule and Regulations during the same period in the immediately preceding paragraph B.

CONTINUING LEGAL EDUCATION

List below your continuing legal education in elder law within the period of your current certification or most recent re-certification. You must have participated in at least **75 hours** of continuing legal education in elder law within the period of your current certification or most recent re-certification, with **no more than 24 hours credited in any one year**. The applicant may request on the application for re-certification credit for up to **20 hours total (not per year) of continuing legal education credit for teaching courses, speaking at seminars, authoring books or articles and similar activities**.

CLE may be earned to satisfy this requirement until two months prior to the expiration of your certification. 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.

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: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

Title of program, course, or work: _____

Sponsor: _____

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

Date(s): _____ Number of hours of attendance, teaching, or preparation: _____

If participation other than CLE attendance, describe:

TOTAL HOURS: _____

NAME OF REFERENCES

List below the name, address, email and telephone number of at **least three current NELF Certified Elder Law Attorneys (CELA®)** 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. You may give us more than the three 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 will be considered, even if more than three are received.

As part of the Re-Certification 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: _____ **Email:** _____

Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Name: _____ **Email:** _____

Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Name: _____ **Email:** _____

Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Name: _____ **Email:** _____

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Address: _____

City: _____ **State:** _____ **Zip:** _____

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City: _____ **State:** _____ **Zip:** _____

Name: _____ **Email:** _____

Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Name: _____ **Email:** _____

Firm: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

AGREEMENT AND VERIFICATION

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.

Note: You must comply with all re-certification requirements as set forth in the Rules and Regulations.

The successful completion of the Re-Certification Application must be received, not more than one year, nor less than two months before the expiration date or your most recent re-certification.

- A. I agree to abide by all Rules and Regulations by the National Elder Law Foundation as amended from time to time.

- B. In making and filing this application for certification, I authorize all persons, firms, offices, corporations, association, organizations, State or Federal agencies and institutions to furnish to NELF 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.

- C. I further agree that all information received by NELF may be treated confidentially by NELF. 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 specialist to which I have applied or by which I am certified.

- D. I certify that I have, in fact completed the above listed continuing legal education elder law courses within the period of my current certification or most recent re-certification, and that I can produce appropriate documentation of same if requested by the National Elder Law Foundation.

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

- F. I agree to defend or pay the costs of defense, at the discretion of NELF, 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 for any judgement or settlement ordered or paid as a result of any legal action arising therefor.

- G. I agree that in the event my certificate is suspended or revoked, or I am not re-certified, 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, _____, being duly sworn, do hereby state under penalty of perjury that (i) I have read and prepared the foregoing Application for Recertification and, have made or approved all statements, representations and covenants therein or in connection therewith and have answered each question therein fully and frankly and without concealment or reservation, and such answers are true and complete; (ii) I understand that NELF will rely upon such statements, representations and answers in making its decision regarding my certification; (iii) I will read all other materials submitted to me from NELF at any time, (iv) I will make each statement and representation and answer each question contained in all of the materials submitted at any time fully and frankly and without concealment or reservation, and such statements, representations and answers will be within my personal knowledge and will be true and complete; and (v) I agree to be bound by the Application, all statements, representations and covenants therein, all related materials, the Rules and Regulations of NELF

Signature of Applicant


SWORE TO and SUBSCRIBED before me on this day _____ day of _____, 20 _____


My commission expires _____

NOTARY PUBLIC


[NOTARIAL SEAL]

FOUR POSSIBLE WAYS TO SUBMIT:

 **UPLOAD** at [NELF.org/Becoming Certified/Applications](https://www.nelf.org/Becoming-Certified/Applications)

 **EMAIL** to Lisa@nelf.org

 **MAIL** to 6336 N. Oracle Rd., Ste. 326, Box 136 Tucson, AZ 85704

 **FAX** to (520) 203-0277

There is no fee for an application submitted on time. Applications received less than two months before the expiration date will be assessed a \$150 late fee.