

APPLICATION FOR REACCREDITATION AS A CERTIFYING AGENCY FOR ATTORNEYS AS SPECIALISTS IN OHIO

Rule XIV of the Supreme Court Rules for the Government of the Bar of Ohio and that the Standards for Accreditation of the Commission shall control your application for reaccreditation. This application form is not to be construed as changing or modifying the governing rules of the court or the standards of the Commission. Any additional information that is required or subsequently requested by the Commission or its staff must be submitted to the Commission promptly.

The contents of this Application and other pertinent information concerning your Application for Accreditation will be circulated to the Commission's staff, the members of the Commission, the staffs of their respective offices, and the Supreme Court of Ohio. Pursuant to Gov. Bar R. XIV, Section 7(D), this Application and other records of the Commission shall be public records, except that copies of the actual or proposed written examinations shall be made available in accordance with ASCP Std. 9.

The applicant must submit a separate application and fee for each area in which it seeks reaccreditation. The original application should be mailed to the Commission, along with the \$600 application fee, made payable to the Supreme Court of Ohio. In addition to mailing the original application, the application and attachments must also be emailed to Britney.Cider@sc.ohio.gov. Please label enclosures and attachments as appendices and refer to them as such in your responses to the application. Only original applications made on this form will be accepted. Applications must be typed; handwritten applications will not be accepted. Please direct any questions to Britney Cider, Secretary to the Commission at 614.387.9327.

Completed applications should be mailed to:

Supreme Court of Ohio
Commission on Certification of Attorneys as Specialists
65 South Front Street, 5th Floor
Columbus, Ohio 43215-3431

CERTIFYING ORGANIZATION

Name of Organization:

Contact Person for Organization:

Address:

Telephone Number:

Email:

Fax Number:

Website:

Name of Specialty Area:

The specific "specialty area" designation and the "definition" of the area of specialty must be pre-approved by the Commission on Certification of Attorneys as Specialists and by the Supreme Court of Ohio. For a list of specialty areas and definitions approved by the Supreme Court of Ohio visit our website at www.supremecourt.ohio.gov/courts/advisory/commissions/certification/fields-of-law/

1. Date Initial Application for Accreditation was filed:
2. Date Prior Application for Reaccreditation was filed:
3. Indicate any changes since your last application to your Organization's Mission Statement, Purpose and Goals:

4. How many years has your organization been in existence?

5. Is your organization a successor of another organization?

Yes No

If yes, please describe:

6. What is the business structure of your organization?

Not-For-Profit Corporation Association
For-Profit Corporation Educational Institution Other, please explain

Pursuant to Gov. Bar. R. XIV, Section 3(A), a certifying agency shall be a not for profit organization. If your organization is a corporate entity, include a copy of the charter, bylaws or other like documents evidencing the existence of your organization. Also include any resolution of your organization's governing body authorizing the making of this application and granting of authority to the individual to complete and submit this application on behalf of the organization and to communicate with the Supreme Court of Ohio and the Commission on Certification of Attorneys as Specialists. If your organization is an unincorporated association or partnership, documentation of similar import shall be required as part of this application.

7. Please describe your governing body:
 - a. How many members are on your governing board:
 - b. How many members are on your evaluation committee:

Please attach a completed CCAS Form 5 for each member of the Governing Board, Evaluation Committee and Staff. A current curriculum vitae or resume for each member of the Governing Board, Evaluation Committee and Staff must be attached to each CCAS Form 5. It is intended that the staff for which a CCAS Form 5 is to be provided will include the person(s) responsible for evaluating the validity and reliability of the written examinations and administrative personnel who will ensure compliance with Gov. Bar R. XIV. The evaluation committee that will be responsible for the specialty area need not be a board of trustees or the governing board. However, the evaluation committee shall be comprised of attorneys who have expertise in the area for which accreditation is sought.

8. Since last reported in your previous applications, has your organization retained or hired a person or entity that has a background in evaluating the validity and reliability of written examinations?

Yes No

If yes, how has this background been determined and verified?

9. Do you certify your specialist for a period not fewer than three years and not more than seven years?

Yes No

Does your organization require, in order for an attorney to be certified as a specialist, **each** of the following:

10. Substantial involvement by the attorney in the specialty field during the three year period immediately preceding application to your agency, measured by the type and number of cases or matters handled, the amount of time spent practicing in the specialty field, or other appropriate criteria?

Certification Yes No

Recertification Yes No

11. References from at least five (5) attorneys or judges who are familiar with the competence of the attorney and knowledgeable about the attorney's practice area, and who are not related to or engaged in the legal practice with the attorney?

Certification Yes No

Recertification Yes No

12. Reference forms are sent directly from that reference to your organization?

Certification Yes No

Recertification Yes No

13. Objective evaluation by examination of the attorney's knowledge of the substantive and procedural law in the specialty field to which your organization proposes certification?

Certification Yes No

Recertification Yes No

14. Peer review process in compliance with ASCP Std. 4.02(B)?

Certification Yes No

Recertification Yes No

15. Written examination in compliance with ASCP Std. 4.02(C)?

Certification	Yes	No
Recertification	Yes	No

16. The education experience as set forth in ASCP Std. 4.02(D)?

Certification	Yes	No
Recertification	Yes	No

17. Evidence of good standing as required by ASCP Std. 4.02(E)?

Certification	Yes	No
Recertification	Yes	No

18. Certified attorneys are insured in an amount of not less than \$500,000 per loss? Please attach documentation showing how the attorneys provide evidence of this requirement.

Certification	Yes	No
Recertification	Yes	No

19. Certified attorneys must demonstrate their ability to pay all claims that fall within the deductible amount selected by the attorney under the insurance policy? Please attach documentation showing how the attorneys provide evidence of this requirement.

Certification	Yes	No
Recertification	Yes	No

20. Certified attorneys are active and in good standing with the Supreme Court of Ohio and not have had their fitness to practice law questioned by virtue of disciplinary action in any other state?

Certification	Yes	No
Recertification	Yes	No

If yes, please explain the procedure you have developed to ensure that the attorneys' fitness to practice is not in question by virtue of disciplinary action in any other state. Attach additional pages if necessary.

21. In addition to the information stated above, does your organization require other criteria for an attorney to become certified or recertified?

22. What procedures does your organization follow to ensure that an attorney seeking certification is in compliance with Gov. Bar R. VI (Attorney Registration), Gov. Bar R. X (Continuing Legal Education), and Gov. Bar R. XIV (Certification of Attorneys as Specialists)?

23. Describe your organization's funding sources (e.g. membership dues, grants, other revenue sources, etc).

24. What is the fee for an attorney to apply for certification by your organization?

25. What is the fee for an attorney to apply for recertification by your organization?

26. List any commendations, recommendations, and other references your organization has received from law schools, accredited continuing legal education providers, bar associations, or other professional organizations. Attach any necessary supporting documents.

27. Has your organization been approved to certify attorneys in other states? If so, list those states.

28. Since last reported, has your organization been accredited by the American Bar Association as a certifying body ***in the specialty area*** in which you are applying?

Yes No

29. Please list the number of attorneys certified by your organization by state and area of practice. Attach additional pages if necessary.

State:

Area of practice:

Number of certified attorneys:

State:

Area of practice:

Number of certified attorneys:

30. What was the number of applications for certification processed annually during each of the last three years by your organization?

Year Number of Applications

Year Number of Applications

Year Number of Applications

31. What was the annual number of applications for certification approved by your organization during each of the last three years?

Year Number of Applications

Year Number of Applications

Year Number of Applications

32. What was the number of applications for certification disapproved for each of the last three years?

Year Number of Applications

Year Number of Applications

Year Number of Applications

33. What are the primary reasons applicants have been disapproved by your organization during the last three years?

34. What processes and procedures are used in your certification process to ensure unbiased consideration of lawyers seeking certification?

ORGANIZATION'S CERTIFICATION PROGRAM

35. What is the length of the certification period under your organization's program?

36. Does your organization have an appellate process in place for attorneys who are refused or disapproved for certification?

Yes No

If yes, please describe this process if it has changed since last reported in your previously filed applications. You may attach any necessary supporting documents.

37. Please describe your organization's program for recertification if it has changed since last reported in your previously filed applications or Annual Report. You may attach any necessary supporting documents.

38. Do you have a process for revocation of an attorney's certification?

Yes No

If yes, please describe this process if it has changed since last reported in your previously filed applications. You may attach any necessary supporting documents.

39. Does your revocation process offer an appellate procedure to attorneys whose certification is revoked?

Yes No

If yes, please describe this process if it has changed since last reported in your previously filed applications. You may attach any necessary supporting documents.

DISCLAIMER

Certifying organizations and certified attorneys by their acceptance of accreditation and certification pursuant to such accreditation, expressly recognize and acknowledge that the Supreme Court of Ohio and the Commission on Certification of Attorneys as Specialists in the State of Ohio do not and shall not be construed to make any implied or expressed representation or warranty regarding the certifying process or the abilities of any attorney certified.

39. Does your revocation process offer an appellate procedure to attorneys whose certification is revoked? Responsibility, obligation, and liability in any way arising from the certifying process or the certification or the failure of the integrity and ability of any attorney certified are expressly disclaimed by the Supreme Court of Ohio and the Commission on Certification of Attorneys as Specialists. The certifying organization and each attorney certified accept this disclaimer as a condition of accreditation and certification, respectively.

It is expressly understood and acknowledged that a specialist certified under Gov. Bar R. XIV may communicate the fact that he or she is certified by the certifying organization as a specialist in the field of law involved. However, a specialist shall not represent, expressly or impliedly, that he or she is certified by the Supreme Court of Ohio or the Commission or by an entity other than the certifying organization. A specialist may represent that the certifying organization is approved by the Commission, but shall not represent that the certifying organization is approved by the Supreme Court of Ohio. Each certifying organization shall include this disclaimer as an integral part of the certification granted by it and shall require written acceptance thereof as a condition of granting certification to any attorney in the State of Ohio.

Signature of Applicant Organization's Representative

Title

Date

VERIFICATION

I, _____, the _____, (title) of _____,
(Organization Name) being duly authorized to make this application and this verification, declare that I have carefully read the foregoing application and certify that the information herein is true. I fully understand that failure to make a truthful disclosure of any fact or item of information required may result in the denial of this Application for Accreditation, or later revocation of Accreditation.

Signature of Applicant Organization's Representative

Date

REQUIRED ENCLOSURES

Before mailing your Application for Reaccreditation, please be sure to enclose the following documents pursuant to 3.02(B):

- A copy of your organization's charter, bylaws and resolutions (or like documents in the instances of partnerships or unincorporated association). ASCP Std. 3.02(B)(1)
- A copy of your financial statements (e.g. balance sheets, income statements, and federal tax returns) for the past three years. ASCP Std. 4.01(B)(2).
- A copy of your budget and financial plan for the next three years. SCP Std. 4.01(B)(3).
- A completed CCAS Form 5 and a curriculum vitae or resume for each member of the governing board, evaluation committee and staff of your organization. ASCP Std. 4.01(C)
- A copy of a sample application (and accompanying documents) that attorneys must submit to your organization to become certified. ASCP Std. 3.02(B)(4)
- A copy of the handbook, guide or manual that outlines the standards, policies, procedures, guides for self-study and application procedures for your organization. ASCP Std. 4.01(B)(5).
- A copy of EACH of the last two written examinations given by your organization to test the applicant's knowledge of the subject matter of the specialty area. ASCP Std. 3.02(B)(5)
- If the Applicant's specialty certification program has been approved by the American Bar Association, attach the documents demonstrating ABA's approval and a copy of the Application submitted to the ABA to obtain that approval. ASCP Std. 3.05
- A check in the amount of \$600 for the Reaccreditation Application Fee. Checks should be made payable to "Supreme Court of Ohio".