Long Form Application



APPLIC	ANTINFORMATION					
Name:						
Firm: _						
Phone:			Ema	ail:		
Busines	ss Address:					
City:	City: ZIP Code:					
College	s and Law Schools Attended:					
	Name of College/Law School	Date To/From		De	egree	
		LEGAL EMPLOYM	ENT			
Lega	al Employment: List all places of legal en			ediately preceding	the date of this App	olication.
Firm/E	mployer:		Fror	m Mo/Yr.:	To Mo/Yr.:_	
Address	s:	City:		State:	Zip:	
Title:		Immediate Supe	ervisor: _			
Firm/E	mployer:		Fror	m Mo/Yr.:	To Mo/Yr.:_	
Address	S:	City:		State:	Zip: _	
Title:		Immediate Supe	ervisor: _			

Firm/E	mployer:	From	n Mo/Yr.: To	Mo/Yr.:	
Address:		City:	State:	Zip:	
Title:		Immediate Supervisor:			
	LIC	CENSURE/CERTIFICATION/INTEG	RITY		
List all ju	urisdictions in which you are licensed	d or have been licensed to practice lav	v.		
	JURISDICTION	BAR CARD/I.D. NO.	DATE OF LICEN	ISURE	
A. Are you a member in good standing of the Bar in all jurisdictions in which you are licensed to practice, and were you a member in good standing at the time any license may have been voluntarily surrendered, and are you currently an active member of the Bar in at least one of said jurisdictions? See Rules and Regulations, Section 5.1.1.					
	Yes No				
B. Have	e you been disciplined, disbarred, discipline?	or suspended from practice by ar	ny body authorized to	impose professional	
	Yes No				
C. Have you been convicted of a crime?					
	Yes No				
D. Have	you admitted malpractice, or has a f	inal malpractice judgment been enter	red against you?		
	Yes No				
List any	legal certification you have previous	ly obtained:			
	Certifying Entity	Specialty	Date of Certific	eation	

E. Have you been denied certific	ation by any certifying entity?
Yes	No
If you answered "no" to A above, explanation for each such answered	or "yes" to B, C, D, or E above, you must submit with this Application a detailed written er.
body authorized to impose profe discipline, final criminal conviction	ction 5.1.3, "The National Elder Law Foundation (NELF) shall accept as final the findings of any essional discipline. The applicant may not be certified for three years following any public on, final malpractice judgement, or admission of malpractice as defined in Section 5.3.4, to the Standards Committee that such factors are not relevant to the applicant's fitness to be
	SUBSTANTIAL INVOLVMENT IN ELDER LAW
	Area 1
	*Required to have at least 5 matters in area 1
MATTER NUMBER	
Type of Representation or Coun	nsel given:
Date of matter:	
Ultimate disposition of Matter:	
Check each of the follo	wing that apply. Refer to Section 5.1.4.2.E
Provided advice;Drate relative to an elder law issue.	afted legal documents;Administered legal directives;Participated in litigation
MATTER NUMBER	
Type of Representation or Coun	nsel given:
Date of matter:	
Ultimate disposition of Matter:	
Check each of the follo	wing that apply. Refer to Section 5.1.4.2.E
Provided advice;Drarelative to an elder law issue.	afted legal documents;Administered legal directives;Participated in litigation

MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.

MATTER NUMBER	
ype of Representation or Counsel given:	
Date of matter:	
Jltimate disposition of Matter:	
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation elative to an elder law issue.	
MATTER NUMBER	
ype of Representation or Counsel given:	-
Date of matter:	
Jltimate disposition of Matter:	_
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation elative to an elder law issue.	
MATTER NUMBER	
ype of Representation or Counsel given:	_
Date of matter:	_
Jltimate disposition of Matter:	_
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation elative to an elder law issue.	
Area 2	
*Required to have at least 5 matters in area 2	
MATTER NUMBER	
Type of Representation or Counsel given:	

Date of matter:	_
Ultimate disposition of Matter:	-
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives; relative to an elder law issue.	Participated in litigation
MATTER NUMBER	
Type of Representation or Counsel given:	-
Date of matter:	_
Ultimate disposition of Matter:	-
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives; relative to an elder law issue.	Participated in litigation
MATTER NUMBER	
Type of Representation or Counsel given:	-
Date of matter:	_
Ultimate disposition of Matter:	-
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives; relative to an elder law issue.	Participated in litigation

MATTER NUMBER	
Type of Representation or Counsel given:	_
Date of matter:	_
Ultimate disposition of Matter:	_
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives; relative to an elder law issue.	_Participated in litigation
MATTER NUMBER	
Type of Representation or Counsel given:	_
Date of matter:	_
Ultimate disposition of Matter:	_
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives; relative to an elder law issue.	_Participated in litigation
MATTER NUMBER	
Type of Representation or Counsel given:	_
Date of matter:	_
Ultimate disposition of Matter:	_

Check each of the following that apply. Refer to Section 5.1.4.2.E

Provided advice; relative to an elder law issu		Administered legal directives;	Participated in litigation
retative to an etaer taw isst			
MATTER NUMBER			
Type of Representation or 0	Counsel given:		
Date of matter:			
Ultimate disposition of Ma	tter:		
Check each of the	following that apply. Refer to S	Section 5.1.4.2.E	
Provided advice; relative to an elder law issu		Administered legal directives;	Participated in litigation
MATTER NUMBER			
Type of Representation or 0	Counsel given:		
Date of matter:			
Ultimate disposition of Ma	tter:		
Check each of the	following that apply. Refer to S	Section 5.1.4.2.E	
Provided advice; relative to an elder law issu		Administered legal directives;	Participated in litigation
		Area 3	
	*Required to have	at least 5 matters in area 3	
MATTER NUMBER			
	 Counsel given:		
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Date of matter:			
Ultimate disposition of Ma	tter:		
Check each of the	following that apply. Refer to S	Section 5.1.4.2.E	

Provided advice;	Drafted legal documents;	Administered legal directives;	Participated in litigation
relative to an elder law iss	sue.		
MATTER NUMBER _			
Type of Representation or	Counsel given:		
Date of matter:			
Ultimate disposition of Ma	atter:		
Chack and of the	e following that apply. Refer to S	Spection 5.1.4.2.F	
Officer cach of the	s routowing that appty. Never to c	1660001 0.1.4.2.L	
Provided advice:	Drafted legal documents:	Administered legal directives;	Participated in litigation
relative to an elder law iss	_	Administered tegat directives,	
MATTER NUMBER _			
Type of Representation or	Counsel given:		
Date of matter:			
Ultimate disposition of Ma	atter:		<u> </u>
Check each of the	e following that apply. Refer to S	Section 5.1.4.2 F	
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Provided advice:	Drafted legal documents:	Administered legal directives;	Particinated in litigation
relative to an elder law iss			articipated in talgation
MATTER NUMBER _			
Type of Representation or	Counsel given:		
Date of matter:			

Ultimate disposition of Matter:	
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives;Frelative to an elder law issue.	Participated in litigation
MATTER NUMBER	
Type of Representation or Counsel given:	
Date of matter:	-
Ultimate disposition of Matter:	
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives;Frelative to an elder law issue.	Participated in litigation
MATTER NUMBER	
Type of Representation or Counsel given:	
Date of matter:	-
Ultimate disposition of Matter:	
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives;Frelative to an elder law issue.	Participated in litigation
MATTER NUMBER	
Type of Representation or Counsel given:	

Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
Area 4
*Required to have at least 5 matters in area 4
*Required to have at least 5 matters in area 4 MATTER NUMBER
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MATTER NUMBER
MATTER NUMBER Type of Representation or Counsel given:
MATTER NUMBER Type of Representation or Counsel given: Date of matter:
MATTER NUMBER Type of Representation or Counsel given: Date of matter: Ultimate disposition of Matter:
MATTER NUMBER Type of Representation or Counsel given: Date of matter: Ultimate disposition of Matter: Check each of the following that apply. Refer to Section 5.1.4.2.E Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation
MATTER NUMBER Type of Representation or Counsel given: Date of matter: Ultimate disposition of Matter: Check each of the following that apply. Refer to Section 5.1.4.2.E Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER Type of Representation or Counsel given: Date of matter: Ultimate disposition of Matter: Check each of the following that apply. Refer to Section 5.1.4.2.E Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue. MATTER NUMBER

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Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:

Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
Area 5
*Required to have at least 5 matters in area 5
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E

Provided advice; relative to an elder law iss		Administered legal directives;	Participated in litigation
MATTER NUMBER	_		
Type of Representation or	Counsel given:		
Date of matter:			
Ultimate disposition of Ma	etter:		
Check each of the	following that apply. Refer to S	Section 5.1.4.2.E	
Provided advice; relative to an elder law iss		Administered legal directives;	Participated in litigation
MATTER NUMBER	-		
Type of Representation or	Counsel given:		
Date of matter:			
Ultimate disposition of Ma	ntter:		
Check each of the	e following that apply. Refer to S	Section 5.1.4.2.E	
Provided advice; relative to an elder law iss		Administered legal directives;	Participated in litigation
MATTER NUMBER	-		
Type of Representation or	Counsel given:		
Date of matter:			
Ultimate disposition of Ma	atter:		
Check each of the	e following that apply. Refer to S	Section 5.1.4.2.E	
Provided advice; relative to an elder law iss		Administered legal directives;	Participated in litigation
MATTER NUMBER	-		
Type of Representation or	Counsel given:		
Date of matter:			
Ultimate disposition of Ma	etter:		

Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
Area 6
*Required to have at least 5 matters in area 6
MATTER NUMBER
Type of Representation or Counsel given:

Date of matter:	
Ultimate disposition of Matter:	
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigate relative to an elder law issue.	ation
MATTER NUMBER	
Type of Representation or Counsel given:	
Date of matter:	
Ultimate disposition of Matter:	
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigated relative to an elder law issue.	ation
MATTER NUMBER	
Type of Representation or Counsel given:	
Date of matter:	
Ultimate disposition of Matter:	
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigated relative to an elder law issue.	ation
MATTER NUMBER	
Type of Representation or Counsel given:	
Date of matter:	
Ultimate disposition of Matter:	
Check each of the following that apply. Refer to Section 5.1.4.2.E	
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigate relative to an elder law issue.	ation
MATTER NUMBER	

Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
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Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.

Area 7

*Required to have no more than 5 matters in area 7

MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:

Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
Area 8
*Required to have no more than 5 matters in area 8
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.

MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
Area 9
*Required to have no more than 5 matters in area 9
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:

Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:

Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
Area 10
*Required to have no more than 5 matters in area 10
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E

Provided advice; relative to an elder law issu		Administered legal directives;	Participated in litigation
MATTER NUMBER			
Type of Representation or C	Counsel given:		
Date of matter:			
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Uttimate disposition of Mat	ter:		
Check each of the	following that apply. Refer to S	Section 5.1.4.2.E	
Provided advice; relative to an elder law issu		Administered legal directives;	Participated in litigation
MATTER NUMBER			
Type of Representation or C	Counsel given:		
Date of matter:			
Ultimate disposition of Mat	ter:		
Check each of the	following that apply. Refer to S	Section 5.1.4.2.E	
Provided advice; relative to an elder law issu		Administered legal directives;	Participated in litigation
	, and a second s	Area 11	
	*Required to have no	more than 5 matters in area 11	
MATTER NUMBER			
Type of Representation or C	Counsel given:		
Date of matter:			
Ultimate disposition of Mat	ter:		
Check each of the	following that apply. Refer to S	Section 5.1.4.2.E	
Provided advice; relative to an elder law issu		Administered legal directives;	Participated in litigation
MATTER NUMBER			
Type of Representation or C	Counsel given:		

Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.

Area 12

*Required to have no more than 5 matters in area 12

MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:

Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
MATTER NUMBER
Type of Representation or Counsel given:
Date of matter:
Ultimate disposition of Matter:
Check each of the following that apply. Refer to Section 5.1.4.2.E
Provided advice;Drafted legal documents;Administered legal directives;Participated in litigation relative to an elder law issue.
CONTINUING LEGAL EDUCATION
application. You must have attended or participated in at least 45 hours of continuing legal education in elder law within three (3) years preceding the acceptance date of your short form application. 20 hours total (not per year) of continuing legal education credit for teaching courses, speaking at seminars, authoring books or articles and similar activities. 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 othe	r than CLE atte	endance, describe:		
Title of program, c	ourse, or work	:		
Sponsor:				
Bar approved?		No	If yes, which bar?	
Date(s):		Number of hours	s of attendance, teaching, or preparation:	-
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Title of program, c	ourse, or work	:		
Bar approved?	Yes	No	If yes, which bar?	
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Title of program, co	ourse, 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, c	ourse, or work	:		
Bar approved?	Yes	No	If yes, which bar?	
Date(s):		Number of hours of attendance, teaching, or preparation:		

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Bar approved?	Yes	No	If yes, which bar?		
Date(s):	ate(s):Number of hours of attendance, teaching, or preparation:				
If participation othe	r than CLE atte	endance, describe:			
Title of program, c	ourse, or work	/• 			
Sponsor:					
Bar approved?	Yes	No	If yes, which bar?		
Date(s):		Number of hours o	f attendance, teaching, or preparation:		
Date(s):			f attendance, teaching, or preparation:		
			f attendance, teaching, or preparation:		
If participation othe	r than CLE atte	endance, describe:	f attendance, teaching, or preparation:		
If participation othe	ourse, or work	endance, describe:			
If participation othe	ourse, or work	endance, describe:			
Title of program, co	ourse, or work	endance, describe:			
Title of program, co	ourse, or work	endance, describe: No No Number of hours o	If yes, which bar?		
Title of program, conspired sponsor: Bar approved? Date(s): If participation other	ourse, or work Yes	No Number of hours o	If yes, which bar?		
If participation other Title of program, company comp	ourse, or work Yes Than CLE atte	No Number of hours o	If yes, which bar? f attendance, teaching, or preparation:		
If participation other Title of program, company comp	ourse, or work Yes ourse, or work	No Number of hours o	If yes, which bar? f attendance, teaching, or preparation:		
If participation other Title of program, components Sponsor: Bar approved? Date(s): If participation other Title of program, components Sponsor: Bar approved?	ourse, or work Yes ourse, or work	No Number of hours of endance, describe: No No Number of hours of endance, describe:	If yes, which bar? f attendance, teaching, or preparation:		

Sponsor:			
Bar approved?	Yes	No	If yes, which bar?
Date(s):Number of hours of attendance, teaching, or preparation:			s of attendance, teaching, or preparation:
If participation othe	r than CLE atte	endance, describe:	
Title of program, c	ourse, or work	:	
Sponsor:			
Bar approved?	Yes	No	If yes, which bar?
Date(s):		Number of hours	s of attendance, teaching, or preparation:
If participation othe	r than CLE atte	endance, describe:	
Title of program, c	ourse, or work	•	
Sponsor:			
Bar approved?	Yes	No	If yes, which bar?
Date(s):		Number of hours	s of attendance, teaching, or preparation:
If participation othe	r than CLE atte	endance, describe:	
			TOTAL HOURS:
I certify that I have, requested by the Na			d, and that I can produce appropriate documentation of same if
Signature:			Date:

NAME OF REFERENCES

List below the name, email, address, and telephone number of <u>at least five attorneys</u> 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. Three of these attorneys must have devoted at least 800 hours to the practice of elder law in each of the past three years. See Rules and Regulations, Section

5.1.6.1. You may give us more than the five 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 by NELF will be considered, even if more than five are received. A copy of the form that NELF will distribute is attached for your information only. Do not send the form to your references. The form will be mailed by NELF directly to the references that you provide.

As part of the Long Form 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:	E	mail:	
Firm:			
Address:			
City:	State:		Zip:
Name:	E	mail:	
Firm:			
Address:			
City:	State:		Zip:
Name:	E	mail:	
Firm:			
Address:			
City:	State:		Zip:
Name:	E	mail:	
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Address:		
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, and the application fee will not be refunded.

A OREENELIT AND VERIEIOATION

- Note: You must comply with all certification requirements as set forth in the Rules and Regulations, including the filing of this completed Long Form Application and the successful completion of the Certification Examination, within two years of the date of acceptance of your Short Form Application (your date of acceptance appears on the top of Section I of this application). If you do not, the Rules and Regulations mandate that you will be required to start the entire certification process over again.
- I agree to abide by all rules and regulations promulgated by the National Elder Law Foundation (NELF) as amended from time to time and to pay all fees required by NELF as due.
- In making and filing this application for certification, I authorize all persons, firms, officers, corporations, associations, 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.
- 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 specialists to which I have applied or by which I am certified.
- 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 evaluations, formally or informally, in any legal proceeding or otherwise.
- I release, discharge and exonerate the National Elder Law Foundation, its officers, directors, staff, agents, employees, volunteers, and representatives, and any person furnishing information or evaluations to NELF, from any and all liability of every nature and kind arising from the investigation and evaluation of my application or my continuing satisfaction of the standards for certification.
- 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 judgment or settlement ordered or paid as a result of any legal action arising therefrom.
- I agree that in the event my certificate is suspended or revoked, or I am not recertified, 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.

representation therein, and answered each question therein, and concealment or reservation. Such answers are, within my personal I	voluntarily, fully and frankly and without
I enclose with this completed Long Form Application my non-refundable of \$575.00.	e Long Form Application Fee in the amount
	Signature of Applicant:
	Applicant's Name: (print)
SWORN TO and SUBSCRIBED before me this.	
day of,20	
NOTARY PUBLIC	
My commission expires:	
[NOTARIAL SEAL]	
FOUR POSSIBLE WAYS TO SUBI	
UPLOAD at NELF.org/Becoming Certified	d/Applications
■ EMAIL to Lisa@nelf.org	
MAIL to 6336 N. Oracle Rd., Ste. 326, Box 136	Tucson, AZ 85704
FAX to (520) 203-0277	
Please Charge my Credit Card in the amount of \$575.00	
Card NoExp. Dat	e: CVV:
Signature:	Date: