

## **APPLICATION FOR ACCREDITATION**

As a Certifying Agency for  
Attorneys as Specialists in Ohio

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

Susan Christoff, Secretary  
Telephone: 614.387.9325  
Fax: 614.387.9329

GOV. BAR R. XIV OF THE SUPREME COURT OF OHIO AND THE STANDARDS FOR ACCREDITATION OF THE COMMISSION SHALL CONTROL YOUR APPLICATION FOR ACCREDITATION. 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 WHICH IS REQUIRED OR SUBSEQUENTLY REQUESTED BY THE COMMISSION OR ITS STAFF MUST BE SUBMITTED TO THE COMMISSION PROMPTLY.

***Only original applications made on this form will be accepted. Applications must be typewritten; handwritten applications will not be accepted. Please note that there must be a separate application for each area of specialization for which your organization is requesting to be recognized as a Certifying Organization.***

### **CONFIDENTIALITY**

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. Furthermore, pursuant to Rule XIV, Section 7(D) of the Rules governing the Bar of the State of Ohio, your Application along with the other records of the Commission shall be public records and shall be made available for inspection to any member of the general public during regular business hours, except the exemplar copy of the written examination. Therefore, neither the Supreme Court of Ohio nor this Commission can undertake any obligation to ensure confidentiality of this Application or anything contained herein or which is requested hereafter.

**GENERAL INFORMATION**

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

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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. See enclosed list of specialty areas and definitions approved by the court.

Does your organization accept and agree to be bound by the "definition" of the designated specialty area which has been adopted by the Supreme Court of Ohio?

Yes \_\_\_ No \_\_\_

**A. APPLICANT ORGANIZATION PROFILE**

1. Organization's Mission Statement/Purpose/Goal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

3. Is your organization a successor of another organization? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. What is the business structure of your organization?

(please check appropriate responses)

Not-For-Profit Corporation

Association

For-Profit Corporation

Educational Institution

Other, please explain: \_\_\_\_\_

**Please Note:** Pursuant to Gov. Bar. R. XIV if your organization is structured as a "for profit" corporation, you can not apply nor be recognized as a certifying organization. If your organization is a corporate entity, you must include a copy of the charter, bylaws or other like documents evidencing the existence of your organization and 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.

5. The following questions relate to your Governing Board, Evaluation Committees and Staff<sup>1</sup> [pursuant to Part I, Section 4, ¶4.02(B)(3) of the Standards for Accreditation]

How many members are on your governing board?

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 (One copy of the CCAS Form 5 is attached hereto.) Also attached to each CCAS Form 5, a recent copy of the curriculum vitae or resume for each member of the Governing Board, Evaluation Committee and Staff.

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<sup>1</sup> "Staff" is defined by Part I, Section 4, ¶4.02(B)(3) of the Standards established by this Commission. However, it is intended that the staff for which a CCAS Form 5 is to be provided will include the person(s) who are responsible for evaluating the validity and reliability of the written examinations and those administrative personnel who will ensure compliance with Gov. Bar R. VI, X and XIV.

6. Has your organization retained or hired a person who, or organization which, has a background in evaluating the validity and reliability of written examinations?

Yes \_\_\_ No

a. If the answer to 6 is yes, how has this background been determined and verified?

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7. Do you certify your specialist for a period not less than three years nor more than seven years? Yes \_\_\_ No \_\_\_

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

a. 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? Yes \_\_\_ No

b. References from at least five (5) attorneys or judges who are familiar with the competence of the attorney and knowledgeable regarding the practice area, none of whom are related to, or engaged in the legal practice with, the attorney? Yes \_\_\_ No

c. The reference forms under Paragraph 8(b) be sent directly from the referral source to your organization? Yes \_\_\_ No

d. Objective evaluation procedures of the attorney's knowledge of the substantive and procedural law in the specialty field to which your organization proposes certification, which evaluation is determined by examination? Yes \_\_\_ No

e. That the peer review process be in full compliance with Part I, Section 4, ¶4.02(G) of the Standards for Accreditation? Yes \_\_\_ No

f. That the written examination be in compliance with Part I, Section 4, ¶4.02(H) of the Standards for Accreditation? Yes \_\_\_ No

g. The educational experience set forth in Part I, Section 4, ¶4.02(I) of the Standards for Accreditation? Yes \_\_\_ No

h. Satisfactory evidence of good standing as required by Part I, Section 4, ¶4.02(J) of the Standards for Accreditation? Yes \_\_\_ No

- i. Its certified attorneys to be insured in an amount not less than \$500,000 per loss?  
Yes \_\_\_ No
- j. That the certified attorneys demonstrate their ability to pay all claims which fall within the deductible amount selected by the attorney under the insurance policy?  
Yes \_\_\_ No
- k. That all attorneys certified by your organization (1) are in good standing to practice law in the State of Ohio, (2) are active and in good standing pursuant to Gov. Bar R. VI, and (3) fitness to practice are not in question by virtue of disciplinary action in any other state? Yes \_\_\_ No

If yes to 8(k), please explain the procedure you have developed to ensure that the attorneys are in good standing to practice law in the State of Ohio. [Attach additional sheet(s) if necessary for this explanation.]

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If yes to 8(k), please explain the procedure you have developed to ensure that the certified attorney is active and in good standing pursuant to Gov. Bar R. VI. [Attach additional sheet(s) if necessary for this explanation.]

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If yes to 8(k), please explain the procedure you have developed to ensure that the attorney's fitness to practice is not in question by virtue of disciplinary action in any other state

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9. Other than that which is contained in the information above, what other criteria or requirements does your organization require for an attorney to become certified?

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10. What investigations are performed and data retrieved to ensure your organization that the attorney you intend to certify is in compliance with Rule XIV of the Rules of Practice governing the Bar of the State of Ohio, including Rule X?

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11. Please provide a brief description of your organization's funding sources (membership dues, grant moneys, other revenue sources, etc.).

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12. How much does it cost the attorney to become certified and then recertified by your organization?

\$\_\_\_\_\_ for certification;

\$\_\_\_\_\_ for recertification.

13. Please 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. You may attach any necessary supporting documents.

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14. Has your organization been approved to certify attorneys in other states? If so, please list those states. \_\_\_\_\_  
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15. 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 \_\_\_
16. What is the total number of attorneys certified by your organization as of the date of this application? \_\_\_\_\_
17. Please list the number of attorneys certified by your organization according to the state and separately for each area of practice within that state in which the attorneys are certified. *(If more than three, list on a separate sheet)*
- State: \_\_\_\_\_ Number of certified attorneys: \_\_\_\_\_  
 Area of practice: \_\_\_\_\_
- State: \_\_\_\_\_ Number of certified attorneys: \_\_\_\_\_  
 Area of practice: \_\_\_\_\_
- State: \_\_\_\_\_ Number of certified attorneys: \_\_\_\_\_  
 Area of practice: \_\_\_\_\_
18. What was the average number of applications for certification processed annually during the last three years by your organization?  
 \_\_\_\_\_ per year.
19. What was the average annual number of applications for certification approved by your organization during the last three years?  
 \_\_\_\_\_ per year.
20. What was the average number of applications for certification disapproved for each of the last three years?  
 200\_\_ : \_\_\_\_\_ 200\_\_ : \_\_\_\_\_ 200\_\_ : \_\_\_\_\_
21. What are the primary reasons applicants have been disapproved by your organization during each of the last three years? \_\_\_\_\_  
 \_\_\_\_\_  
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22. Other than that which has been explained elsewhere herein, what are the processes and procedures used in your certification process of lawyers demonstrating the safeguards implemented to ensure unbiased consideration of lawyers seeking certification? \_\_\_\_\_

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**B. ORGANIZATION'S CERTIFICATION PROGRAM**

1. What is the length of the certification period under your organization's program? \_\_\_\_\_

2. 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. You may attach any necessary supporting documents. \_\_\_\_\_

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3. Please describe your organization's program for recertification. You may attach any necessary supporting documents. \_\_\_\_\_

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4. Do you have a process for revocation of an attorney's certification? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe this process. You may attach any necessary supporting documents. \_\_\_\_\_

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5. Does your revocation process offer an appellate procedure to attorneys whose certification is revoked? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

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**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.

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 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.

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*Signature of Applicant Organization's Representative*

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*Date Signed*

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*Title*

## **VERIFICATION**

I, \_\_\_\_\_(name), the  
\_\_\_\_\_(title) of \_\_\_\_\_  
(Applicant 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 Signed*

## **REQUIRED ENCLOSURES**

Before mailing your Application for Accreditation, please be sure to enclose the following:

1. A copy of your organization's charter, bylaws and resolutions (or like documents in the instances of partnerships or unincorporated association).
2. A copy of a sample application (and accompanying documents) which attorneys must submit to your organization in order to become certified.
3. A check in the amount of \$2,400 for the Application Fee. Checks should be made payable to "Supreme Court of Ohio".
4. A copy of your financial statements (balance sheets, income statements and federal tax returns) for the past three (3) years, pursuant to Part I, Section 4, ¶4.02(B)(1) of the Standards for Accreditation.
5. A copy of your budget and financial plan for the next three (3) years, pursuant to Part I, Section 4, ¶4.02(B)(2) of the Standards for Accreditation.
6. A copy of the handbook, guide or manual that outlines the standards, policies, procedures, guides for self study and application procedures for your organization, pursuant to Part I, Section 4, ¶4.02(B)(5).
7. 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.
8. 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.
9. An exemplar 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.