

BACKGROUND INFORMATION FOR EACH MEMBER OF THE GOVERNING BOARD, EVALUATION COMMITTEE AND STAFF

To be attached to Application for Accreditation
As a Certifying Agency for Attorneys as Specialists in Ohio
[Make additional copies of this form as needed]

a. Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Attorney _____ Non-Attorney _____

If an attorney, what was the first year he/she was admitted to practice? _____.

If a non-attorney, what qualifies this individual to establish and monitor the standards of certification of your organization?

b. Does this person have extensive practice or involvement in the area of specialty for which this Application is being made?

Yes _____ No _____

c. Is this person a certified specialist in the field of law covered by the area of proposed specialization? Yes _____ No _____

If yes, what is the name of the certifying agency and the date of certification?

Name _____ Date _____

d. If the answer to (C) is no, how has this expertise been determined and verified?

