

ANNUAL REPORTING FORM BY CERTIFYING AGENCY

For Calendar Year ending December 31,

General Instructions: Each certifying agency approved by the Commission on Certification of Attorneys as Specialists, shall file an Annual Reporting Form on or before April 1st of each calendar year. The Annual Report shall be accompanied with the annual fee of \$25 per certified attorney, or a minimum of \$250, whichever is greater. Checks should be made payable to the Supreme Court of Ohio.

Please return the Annual Reporting Form to: Susan B. Christoff, Secretary, Commission on Certification of Attorneys as Specialists, Supreme Court of Ohio, 65 South Front Street, 5th Floor, Columbus, Ohio 43215.

Questions regarding the Annual Reporting Form may be directed to Susan B. Christoff, Secretary to the Commission at 614-387-9326.

General Information

Name of Organization:

Contact Person:

Address:

Phone Number:

Email:

Website:

Total Number of Certified Lawyers

Total Number of Certified Lawyers (All Specialties)	Total	New this Reporting Period	Dual Certificate Holders

Data by Specialty Program:

New applications (January 1, 20____ - December 31, 20____)

Certificates Granted (January 1, 20____ - December 31, 20____)

Total Number of Certified Lawyers (as of December 31, 20____)

Attrition - Lawyers not applying for Recertification (January 1, 20____ - December 31, 20____)

A. CERTIFICATIONS OF SPECIALIZATIONS

CCAS Accredited Specialty Area	New Applications	Certificates Granted*	Total Certified Lawyers	Attrition/Decertification**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
* Attach a list of names of all newly certified specialists by specialty practice area. ** Attach list of names of all de-certified specialists by specialty practice area.				

B. CERTIFYING ORGANIZATION'S POLICIES AND PROCEDURES

1. Have there been any material changes in your organization's structure, operating standards, guidelines, or criteria and requirements for certification or re-certification of specialists in this area of specialization during the past calendar year?

Yes No

If you answered yes to question B (1), when were these changes implemented?

Attach copies of revised structure, operating standards, guidelines, applications, criteria and/or requirements that are currently in effect or being used and explain these changes in detail.

2. Has each attorney who is certified as a specialist by your organization signed the CCAS Form 6, the Attorney Certification and Acknowledgment Form, certifying full compliance with ASCP Std Section 4.02(J)?

Yes No

3. Have you determined that each Ohio certified specialist has complied with the minimum hour and specialty area requirements for continuing legal education as required by Gov. Bar R. XIV and the standards for accreditation?

Yes No

4. If, as part of the approval of your organization, the Commission required you to test Ohio lawyers regarding Ohio specific laws or rules, have you implemented this requirement?

Yes No

5. What has your organization done during the past calendar year to develop and improve the professional competence of lawyers certified by your organization as required by ASCP Std 4.02(A)?

6. What efforts has your organization taken in the past calendar year to promote certification generally and your certified specialists specifically, and in what way have they proven effective?

C. ANNUAL FEES

An annual fee of \$25 per certified attorney, or a minimum of \$250, whichever is greater, shall be included with the filing of this Annual Report, along with a complete list of all attorneys certified and their specialty area.

D. FINANCIAL DOCUMENTATION

Please provide a copy of your most recent financial statements, including the IRS Form 990, for the previous year.

VERIFICATION

I, _____ (name), the _____ (title), of _____, (Certifying Organization) being duly authorized to make this report and verification, declare that I have carefully reviewed the Commission's current Standards, and certify that said certifying organization is, and the attorneys certified by said organization are, fully in compliance with the Standards and additional conditions of certification of the agency, if any, and further certify that the information in this report and the attachments hereto are true and accurate. I fully understand that failure to make a truthful disclosure of any fact or item of information required may result in the revocation of the Certifying Organization's Accreditation.

Signature of Certifying Organization's Representative

Date

Certifying Organization