



LEGAL PROFESSIONAL LIABILITY

Applicant's Name _____

Firm Name _____

Street _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

E-Mail Address _____ State of Principle Practice _____

Other states where you practice _____

Attorney Registration No(s). _____

Have you ever applied to ABPLA? _____ Status with ABPLA? _____

For the last three (3) years, how much of your **professional time** has been spent in:

_____ % Medical Professional Liability Litigation
_____ % Legal Professional Liability Litigation
_____ % Defense Work _____ % Plaintiff's Work

List all other certifications you have which required a written exam. _____

Instructions for Return. ***YOU MAY E-MAIL*** THIS COMPLETED FORM. HOWEVER, ABPLA MUST RECEIVE THE ORIGINAL SIGNATURE PAGES ALONG WITH YOUR CHECK MADE PAYABLE TO THE ABPLA FOR \$500 BEFORE YOUR APPLICATION WILL BE FORWARDED TO THE CREDENTIALS COMMITTEE FOR REVIEW AND COMMENT. FOLLOWING THEIR REVIEW, NAMED REFERENCES WILL BE CONTACTED. THE INTERNAL REVIEW PROCESS TAKES APPROXIMATELY 6 WEEKS. THE FINAL STEP IS TAKING A FOUR HOUR WRITTEN EXAMINATION.

Return completed application to:

Reeve McNamara, Executive Director
American Board of Professional Liability Attorneys
4355 Cobb Parkway- Suite J-208
Atlanta, GA 30339
404 989 7663
abproliability@gmail.com



American Board of Professional Liability Attorneys

*ABA Accredited Organization
Application for Certification

APPLICATION AGREEMENT

I agree to abide by all rules and regulations promulgated by the Board as amended from time to time and to pay all fees required by the American Board of Professional Liability Attorneys (“Board”) 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 the Board 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 the Board may treat all information received by the Board confidentially. I hereby waive that confidentiality with regard to any state agency with jurisdiction over legal 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 Statements of Reference or other evaluations and references made to the Board, whether solicited by me or by the Board. 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 American Board of Professional Liability Attorneys, its officers, directors, staff, agents, employees and representatives, and any person furnishing information or evaluations to the Board, 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 the Board, for any suit or claim initiated, and to indemnify the Board for any judgment or settlement ordered or paid as a result of any legal action arising from my application or from my certification by the Board.

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 American Board of Professional Liability Attorneys, and will remove my certificate from public display.

I hereby certify that I have reviewed each part of my application carefully, and made each statement and representation therein, and answered each question therein, fully and frankly and without concealment or reservation. Such questions and answers are, within my personal knowledge, true and complete.

Signature of Applicant

STATE OF _____

COUNTY/PARISH OF _____

SUBSCRIBED and SWORN to before me, on this the _____ day of _____, 20____.

Notary Public
My Commission Expires:



**ORIGINAL OF THIS PAGE MUST BE RETURNED
DISCLOSURE**

PLEASE CHECK ALL APPLICABLE BOXES

I have not been convicted of a serious crime, whether as a result of a plea of guilty or of *nolo contendere*, a verdict after trial, or otherwise, and regardless of what sentence, if any, was imposed or of whether the conviction was the subject of a pardon. There are no proceedings pending against me wherein I have been charged with a serious crime. "Serious Crime" shall include any felony and any lesser offense, an element of which involved improper conduct of an attorney or dishonesty.

I have not been disbarred, suspended, reprimanded, or otherwise subjected to professional discipline by any court, agency, grievance committee, or disciplinary board. I have not resigned from the bar of any court as a result of such proceedings or in order to avoid such proceedings. There are no disciplinary proceedings pending against me before any such disciplinary body.

No finding of professional negligence or other professional liability has been entered against me, nor have I entered into any settlement of any such claim of professional negligence or other professional liability. No proceedings are pending in which there is a claim against me of professional negligence or other professional liability.

If you cannot check all of the boxes above, please attach an explanation of the matter and the American Board of Professional Liability Attorneys shall determine, in accordance with its Standards and Procedures Regarding Misconduct, whether the circumstance of any such conviction, liability, disciplinary action, the pendency of such proceedings, or resignation from a bar are such that the attorney should be granted certification, denied certification, have his certification suspended or revoked, or whether it will take no action or defer action pending the disposition of any such proceeding.

The failure of an applicant to disclose such conviction, liability, disciplinary action or resignation from a bar, or the pendency of a proceeding that might result therein, is a material misrepresentation and may be cause for rejecting an application or refusing to grant certification. The applicant shall have a continuing duty to disclose to the Board any such proceeding that is instituted after the filing of the application.

Once an applicant is a Certified Diplomate, one shall have a continuing duty to report such conviction, liability, discipline or resignation from a bar as described above. Failure to report such a conviction, liability, discipline or resignation may be cause for revocation of certification.

Signature of Applicant

STATE OF _____

COUNTY/PARISH OF _____

SUBSCRIBED and SWORN to before me, on this the ____ day of _____, 20____.

Notary Public
My Commission Expires:



REFERENCES (6 Required)
3 Lawyers and 3 Judges

(3 lawyers with whom, or against whom, you have tried cases, and 3 judges before whom you have tried cases.)

Opposing Counsel Co-Counsel Judge

Name _____ Firm Name (if judge name of court) _____

Mailing Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____ Evening Phone Number _____ Cell Phone Number _____

Email address _____

Opposing Counsel Co-Counsel Judge

Name _____ Firm Name (if judge name of court) _____

Mailing Address _____ City _____ State _____ Zip _____

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American Board of Professional Liability Attorneys
*ABA Accredited Organization
Application for Certification

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Mailing Address	City	State	Zip
Daytime Phone Number	Evening Phone Number	Cell Phone Number	
Email address			



DESCRIPTION OF TRIAL COURT MEMORANDUM

I am submitting, for the consideration of the American Board of Professional Liability Attorneys and in compliance with ABPLA standards, a brief or memorandum submitted to a trial court within the last three (3) years or a published article on a subject of substance or procedure in the specific area of professional liability for which I seek certification.

Title of Pleading

Title of Case or Article

Date Filed

Court to which Submitted (Publication)

Judge who Considered Pleading if Applicable



**LEGAL PROFESSIONAL LIABILITY
CERTIFICATE OF SUBSTANTIAL INVOLVEMENT
AND MINIMUM CONTINUING LEGAL EDUCATION**

The undersigned applicant for board certification in the area of Legal Professional Liability does hereby represent and attest to the American Board of Professional Liability that he or she has:

- _____ Spent at least the last 5 years practicing in Legal Professional Liability;
- _____ In the last 3 years, has dedicated at least 25% of his/her professional time to Legal Professional Liability;
- _____ In the last 3 years, has completed a minimum of 36 hours of continuing legal education (CLE) in Legal Professional Liability, or met the CLE requirements of his/her State Bar, whichever is greater; and
- _____ Has served as LEAD counsel during his/her legal career in at least 10 trials or arbitrations where testimonial evidence was presented and the matters were submitted to the finder of fact; and of the aforesaid 10 trials, 2 involved claims of Legal Professional Liability and 1 was a jury trial.
- _____ Participated in 20 additional contested matters (trials, hearings, depositions) involving claims of Legal Professional Liability.
- _____ Within the 3 years prior to application, has done at least one of the following:
 1. Participated in 10 matters involving claims of Legal Professional Liability that went to trial or alternate dispute resolution;
 2. Participated in 24 litigated matters involving claims of Legal Professional Liability as lead counsel or in a supervisory capacity to lead counsel;
 3. Had 24 performances (depositions, hearings) involving claims of Legal Professional Liability; or
 4. Any combination of trial days, participation in litigated matters or performances which demonstrates substantial involvement in Legal Professional Liability.

Signature of Applicant

STATE OF _____

COUNTY/PARISH OF _____

SUBSCRIBED and SWORN to before me, on this the _____ day of _____, 20_____.

Notary Public
My Commission Expires:



#1 JURY TRIAL:

Title of Case

Party Represented

Presiding Judge

Court

City and State

Days Tried

Type of Case

Ultimate Disposition of Case

Date (approximate)