



American Board of Professional Liability Attorneys

\*ABA Accredited Organization

Application for Certification

**MEDICAL 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



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**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:



American Board of Professional Liability Attorneys

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**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:



**ORIGINAL OF THIS PAGE MUST BE RETURNED**

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

The undersigned applicant for board certification in the area of Medical 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 Medical Professional Liability;

\_\_\_\_\_ In the last 3 years has dedicated at least 25% of his/her professional time to Medical Professional Liability (Should the applicant practice in any state in which its board of legal specialization requires greater than twenty-five (25) percent of his or her time engaged in any specialty area of practice, then the applicant shall be required to meet the greater percentage.);

\_\_\_\_\_ In the last 3 years, has completed a minimum of 36 hours of continuing legal education (CLE) in Medical Professional Liability, or met the CLE requirements of his/her State Bar, whichever is greater;

\_\_\_\_\_ Participated as lead counsel in not less than twelve (12) civil contested matters, which went to trial or arbitration (not necessarily Medical Professional Liability trials or arbitrations) and where testimonial evidence was presented and the matters were submitted to the fact finder. (Settlement during jury deliberations or while awaiting decision of the arbitrator will qualify.)

Of the twelve (12) contested matters required in section (a) above, three (3) must involve Medical Professional Liability jury trials and each shall have been submitted to a jury (Settlement during jury deliberations will qualify).

\_\_\_\_\_ In addition to the above, the applicant shall also have resolved (settlements qualify) twenty (20) additional contested matters involving claims of Medical Professional Liability, where the applicant appeared as named counsel who took testimony for a party in the matter.

\_\_\_\_\_ Within the 3 years prior to application has done at least one of the following:

- a. Five (5) days of trial (taking testimony) involving claims of Medical Professional Liability (a day is six or more hours).
- b. Resolution by jury or non-jury trial or by arbitration or by settlement of three (3) contested and litigated Medical Professional Liability matters where the applicant appeared as named counsel who took testimony for a party.
- c. Participation in twenty-four (24) performances (see definitions). Performances include arbitration proceedings where the applicant takes testimony, depositions, or hearings at which either oral argument was made or testimony was taken by the applicant. Each "performance" required herein can be related to the same contested matter.
- d. A combination of trial days, resolved matters, or performances (see definitions) which demonstrate substantial involvement in Medical Professional Liability as determined by the ABPLA Board Of Governors' Standards Committee.



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\_\_\_\_\_ Completed a minimum of twelve (12) hours of continuing legal education in the specialty area for which certification is sought in each of the three (3) year period preceding the attorney's application for 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:

***ORIGINAL OF THIS AND PRECEEDING PAGE MUST BE RETURNED***



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**Trial #1 - Jury Trial as lead counsel in Medical Professional Liability**

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Title of Case

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Approximate Date

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Party Represented

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Presiding Judge

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Court

---

Current Address of Presiding Judge

---

City, State, Zip

---

Email of Presiding Judge, if available

---

Length of trial

---

Type of case (i.e. Surgery, OB, Ortho etc.)

---

Was it submitted to Jury?

---

Was it settled during deliberation?

---

What was the Verdict?

---

Opposing Counsel

---

Email of Opposing Counsel

---

Current Address of Opposing Counsel

---

City, State, Zip



**Trial #2- Jury Trial as lead counsel in Medical Professional Liability**

|                                     |   |
|-------------------------------------|---|
| _____                               | _____                                       |
| Title of Case                       | Approximate Date                            |
| _____                               |   |
| Party Represented                   |   |
| _____                               | _____                                       |
| Presiding Judge                     | Court                                       |
| _____                               |   |
| Current Address of Presiding Judge  |   |
| _____                               | _____                                       |
| City, State, Zip                    | Email of Presiding Judge, if available      |
| _____                               | _____                                       |
| Length of trial                     | Type of case (i.e. Surgery, OB, Ortho etc.) |
| _____                               | _____                                       |
| Was it submitted to Jury?           | Was it settled during deliberation?         |
| _____                               |   |
| What was the Verdict?               |   |
| _____                               | _____                                       |
| Opposing Counsel                    | Email of Opposing Counsel                   |
| _____                               |   |
| Current Address of Opposing Counsel |   |
| _____                               |   |
| City, State, Zip                    |   |



**Trial #3- Jury Trial as lead counsel in Medical Professional Liability**

|                                     |   |
|-------------------------------------|---|
| Title of Case                       | Approximate Date                            |
| Party Represented                   |   |
| Presiding Judge                     | Court                                       |
| Current Address of Presiding Judge  |   |
| City, State, Zip                    | Email of Presiding Judge, if available      |
| Length of trial                     | Type of case (i.e. Surgery, OB, Ortho etc.) |
| Was it submitted to Jury?           | Was it settled during deliberation?         |
| What was the Verdict?               |   |
| Opposing Counsel                    | Email of Opposing Counsel                   |
| Current Address of Opposing Counsel |   |
| City, State, Zip                    |   |







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**REFERENCES (6 Required)  
3 Lawyers and 3 Judges**

Opposing Counsel     Co-Counsel     Judge

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Name \_\_\_\_\_ Firm Name (if judge name of court) \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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Email address \_\_\_\_\_

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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 \_\_\_\_\_

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Email address \_\_\_\_\_

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Opposing Counsel     Co-Counsel     Judge

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Name \_\_\_\_\_ Firm Name (if judge name of court) \_\_\_\_\_

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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

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Email address \_\_\_\_\_

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**DESCRIPTION OF TRIAL COURT MEMORANDUM**

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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.

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Title of Pleading

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Title of Case or Article

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Date Filed

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Court to which Submitted (Publication)

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Judge who Considered Pleading if Applicable