



AMERICAN BOARD OF CERTIFICATION
**APPLICATION FOR RECERTIFICATION
AS A CREDITORS' RIGHTS SPECIALIST**

101 2nd Street, Suite 904
Cedar Rapids, Iowa 52401
(319) 365-2222 Toll Free (877) 365-2221 Fax (319) 363-0127
www.abcworld.org

Date of this Application _____

INTRODUCTION

It is the applicant's responsibility to complete this application clearly and in its entirety, comply with all of its instructions, and provide all supporting documents. The Standards Committee meets quarterly to consider applications for recertification and may reject applications that are not legible or not completed on this form. Please **type** or print all required information in this application.

I. GENERAL INFORMATION

Name _____ Social Security Number _____

Office Address _____

Office Phone No.(____) _____ Fax No. (if any)(____) _____

E-Mail Address _____ Website _____

Home Address _____

Home Phone No. (____) _____ Date of Birth _____

Optional (for statistical purposes only)

How many attorneys work at your firm? _____ How many attorneys in the creditors' rights practice? _____

II. STATES OF LICENSURE / CERTIFICATION

A. List all states in which you are licensed or have been licensed to practice law:

<u>State</u>	<u>Bar Card No.</u>	<u>Date of Licensure</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Due Date: October 31

Please do not fax this Application. Additional copies and electronic files of the Appendices may be found at www.abcworld.org.

B. Applicant is a member in good standing of the State Bar of all states in which the applicant is licensed to practice (or was a member in good standing at the time any license may have been voluntarily surrendered), and is an active member of the Bar in at least one of said states.

_____ Yes _____ No

C. List any legal certifications you may have previously obtained (excluding CLLA Academy Creditors' Rights Certification):

<u>Certifying Entity</u>	<u>Specialty</u>	<u>Date of Certification</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. If you have been denied certification by any certifying entity, please list the certifying entity, type of certification, dates, and reasons given for denial.*

<u>Certifying Entity</u>	<u>Specialty</u>	<u>Date of Certification</u>	<u>Reason(s) for Denial</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. EDUCATION / EMPLOYMENT HISTORY

A. College or Law School attended since initial certification or most recent recertification:*

<u>Name of College/Law School</u>	<u>From</u>	<u>To</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Legal Employment. List all places of legal employment during the last 5 years* :

<u>Firm or Employer</u>	<u>From-Month/Year</u>	<u>To-Month/Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Address</u>	<u>City/State/Zip</u>
_____	_____
_____	_____
_____	_____

<u>Title (e.g. partner, associate or other)</u>	<u>Immediate Supervisor</u>
_____	_____
_____	_____
_____	_____

* Attach additional pages if necessary.

Firm or Employer	From-Month/Year	To-Month/Year
Address	City/State/Zip	
Title (e.g. partner, associate or other)	Immediate Supervisor	

IV. SUBSTANTIAL INVOLVEMENT

WAIVERS

The requirements of this section are waived for any person who has served as a full time active judge for three years at any time during the last five years. If you qualify for this waiver, please provide the following information about your service as a judge. You may disregard the remainder of Section IV.

Jurisdiction	Dates of Service
Address	City/State/Zip

The requirements of sections IV.A. and IV.B. are waived for any person who has served as a full time professor of law at an ABA accredited law school and has taught at least one creditors' rights law course during each of the last five years. If you qualify for this waiver, please provide the following information about your service as a law professor. You must still satisfy the requirements of section IV.C.

Law School	Positions Held and Dates
Address	City/State/Zip

- A. Applicant has been engaged in the actual practice of law on a full time basis for the last 5 years.
 Yes No
- B. 1. Applicant has devoted a minimum of 30% of his/her practice time to creditors' rights-related legal matters during each of the last 3 years.
 Yes No
2. Applicant has devoted at least 400 hours of his/her practice time to creditors' rights-related legal matters during each of the last 3 years.
 Yes No

V. CONTINUING LEGAL EDUCATION

Applicants are required to demonstrate participation in a minimum of 60 hours of continuing legal education in creditors' rights law within the thirty-six (36) month period prior to the date of this application. Please provide this information in Appendix D.

VI. GRIEVANCE MATTERS

- A. Have you been disbarred, suspended, reprimanded or otherwise disciplined by the state bar of any state, by a state or federal court, or by any other entity that has authority over attorney discipline? If yes, give full details and attach all written evidence of dismissal or other disposition not included in a previous CLLA Academy Certification application.

_____ Yes _____ No

- B. Have you been the subject of any of the following matters, or are any of these matters currently pending against you: (1) a disciplinary law suit or action; (2) a complaint or inquiry with a grievance committee of any bar association or with the designated disciplinary entity of any state; (3) a finding or admission of legal malpractice; (4) a criminal indictment or information for a felony crime? If yes, given full details and attach all written evidence of dismissal or other disposition not included in a previous CLLA Academy Certification application.

_____ Yes _____ No

- C. Have you been convicted, given probation or fined for a felony crime? If yes, give full details and attach all relevant documentation on an attachment to this application. Please answer "yes" regardless of: (1) whether the conviction resulted from a plea of guilty or nolo contendere; (2) whether the conviction resulted from a verdict after trial or otherwise; or (3) whether an appeal is currently pending.

_____ Yes _____ No

Verification of Grievance History

A component of the application for recertification requires that you must request a report on your grievance history from the current (and all prior, if any) state/local bar or grievance committee of all jurisdictions for which you hold a license. The report should include any disciplinary complaints, whether pending or resolved, and their resolution. Please send the letter that appears as Appendix E of this application to your state/local bar(s) or appropriate entity requesting that they send such documentation to ABC. A copy of the letter(s) you sent to your state/local bar or grievance committee must be included with this application upon submission to ABC.

NOTE: Failure to enclose all required documentation respecting the above will delay processing of this application.

VII. REFERENCES

Name nine (9) attorneys (four (4) attorneys familiar with the applicant's practice and five (5) other attorneys against whom the applicant has handled a creditors' rights matter), who may be contacted by ABC and who can attest to the applicant's competence in creditors' rights law. None of the persons submitting references may be related to the applicant by blood, marriage, or civil union, a current partner or current associate of the applicant, a current member of the ABC Board, or a bankruptcy judge.

Four attorneys who are familiar with the applicant's practice:

1. _____ (____) _____
Name Office Telephone

Firm

Address City/State/Zip

2. _____ (____) _____
Name Office Telephone

Firm

Address City/State/Zip

3. _____ (____) _____
Name Office Telephone

Firm

Address City/State/Zip

4. _____ (____) _____
Name Office Telephone

Firm

Address City/State/Zip

Five attorneys AGAINST whom the applicant has handled a creditors' rights law matter within the last three years:

1. _____ (_____) _____
Name Office Telephone

Firm

Address City/State/Zip

2. _____ (_____) _____
Name Office Telephone

Firm

Address City/State/Zip

3. _____ (_____) _____
Name Office Telephone

Firm

Address City/State/Zip

4. _____ (_____) _____
Name Office Telephone

Firm

Address City/State/Zip

5. _____ (_____) _____
Name Office Telephone

Firm

Address City/State/Zip

VIII. COVENANTS AND REPRESENTATIONS

- A. I have read the ABC Rules and Regulations, and I certify that I am fully qualified for certification and I know of no reason why I am not entitled to certification.
- B. I agree that I shall surrender any specialization certificate held by me upon revocation by ABC, resignation or failure for any reason to recertify. I agree that in the event my certification is suspended or revoked or I am not recertified, I shall cease to hold myself out in any way as certified by ABC and will remove my certificate from public display.
- C. I agree to supply all relevant documents, records, or other information that may be requested from me in the investigation of this application.
- D. In making and filing this application, I authorize all persons, firms, officers, corporations, associations, educational institutions, organizations, state or federal agencies and instrumentalities (including bar associations, bar examiners, and boards of professional responsibility), employers, references, business and professional associates (past and present) to furnish to ABC, or any of its authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application, specifically including the records of grievances in possession of a grievance committee or any bar association. I specifically waive any right to review any confidential statement of reference or other evaluations and references made to ABC. I agree that upon its submission to ABC, this application shall become and remain the property of ABC, and that pursuant to the Records Management Policy of the ABC, the official record of this application shall be maintained solely in digital media.
- E. I release, discharge and exonerate ABC, its officers, directors, staff, agents, employees and representatives, and any person furnishing information or evaluations to ABC, 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 ABC, for any suit or claim initiated, and to indemnify ABC for any judgment or settlement ordered or paid as a result of any legal action arising from my application or from my certification by ABC.
- F. I agree to be bound by the Rules and Regulations of the Board as they may be modified from time to time and agree that the laws of the Commonwealth of Virginia (excluding choice of law rules) shall govern both this application and any dispute between me and the Board, its officers, directors, employees, or volunteers and I agree to pay all fees required by ABC as due. I further agree that the State and Federal Courts of Virginia shall have exclusive jurisdiction over any controversy, claim, dispute or legal action arising from my application, my certification by ABC, or any actions that may be taken by ABC, its officers, directors, employees or volunteers.
- G. 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.
- H. I certify that I actually attended the continuing legal education seminars listed in Appendix D and/or its attachments and supplements.

STATE OF _____

COUNTY OF _____

I, being duly sworn, do hereby state under penalty of perjury that (i) I have read and prepared the foregoing Application for Recertification and attached Appendices, and have made or approved all statements, representations and covenants therein or in connection therewith and have answered each question therein fully and frankly and without concealment or reservation, and such answers are true and complete; (ii) I understand that ABC will rely upon such statements, representations and answers in making its decision regarding my certification; (iii) I will read all other materials submitted to me from ABC at any time, (iv) I will make each statement and representation and answer each question contained in all of the materials submitted at any time fully and frankly and without concealment or reservation, and such statements, representations and answers will be within my personal knowledge and will be true and complete; and (v) I agree to be bound by the Application, all statements, representations and covenants therein, all related materials, the Rules and Regulations of ABC.

Signature of Applicant

SUBSCRIBED AND SWORN TO before me, on this the _____ day of _____, 20_____.

Notary Public _____

Printed Name of Notary: _____

Commission Expiration _____

Application Checklist

Please make sure that the following items have been completed:

- Proper Notarization and Date.
- Legible List of References.
- List of CLE completed on Appendix D (NOT a list provided by state bar or copies of certificates).
- Copy of letter(s) sent to state/local bar(s) requesting documentation of grievance history (see Appendix E).
- Responded to each grievance question and provided applicable information.