



CONFIDENTIAL

RE-CERT BOARD OF LEGAL SPECIALIZATION APPLICATION FOR RE-CERTIFICATION IN WORKERS' COMPENSATION LAW Revised 01/01/2012

Name: Bar Number: (Please type your name as you wish it to be printed on your certificate of specialization)

Firm:

Address:

Phone: Fax:

I. On a separate sheet of paper, please supply the following information:

- A. Record of Discipline. B. Employment History. C. References.

Please be aware that the State Bar Standards for Certification require that an applicant demonstrate a high degree of professionalism and meet high ethical standards...

- D. Substantial Involvement in Workers' Compensation Law.

The Standards for Certification of Lawyers Specializing in Workers' Compensation provide, in part that an applicant shall fulfill the requirement of substantial involvement in the field of workers' compensation law...

I am applying under

___ Standard 1 Years _____

___ Standard 2 Years _____

___ Standard 3 Years _____

For each Standard you seek to offer as a basis for your qualification, please supply the following supplemental information. (In lieu of listing the supplemental information, you may submit copies of your Decisions (after redacting confidential information) as long as the Decision submitted clearly contains all of the information requested below.)

Standard 1. *Applicant has been employed equivalent to at least 50% of a full-time basis as an attorney for the SCF Arizona or as an attorney or Administrative Law Judge for the Industrial Commission of Arizona.*

If applying as an Administrative Law Judge submit the following information for 15 hearings you presided over during the past three years:

*ICA Number:
Brief factual description.
Hearing Date:
Primary Issues:
Your Rulings:
Counsel Appearing on Behalf of Applicant:
Counsel Appearing on Behalf of Defendant.*

If applying as an attorney for the SCF Arizona submit the following information for 15 hearings handled during the past three years:

*ICA Number:
Party Represented:
Administrative Law Judge:
Brief factual description:
Primary Issues:
If settled, basis for settlement:
Hearing Date:
Result:
Name and Address of Opposing Counsel:*

Standard 2. *Applicant has devoted approximately 50% of a full-time practice per year to matters where the primary issue involved is a person's entitlement to benefits under the Arizona Workers' Compensation Act. Submit the following information for 15 matters handled during the past five years:*

*ICA Number:
Party Represented:
Administrative Law Judge:
Primary Issues:
Brief factual description:
If settled basis for settlement:
Hearing Date
Result:
Name and Address of Opposing Counsel:*

Standard 3. Applicant has participated as the primary attorney for a party in proceedings before the Industrial Commission of Arizona in at least 24 cases per year that were litigated on the merits to a conclusion. Submit the following information for 15 hearings handled during the past five years:

ICA Number:

Party Represented:

Administrative Law Judge:

Primary Issues:

Brief factual description:

Hearing Date:

Result:

Name and Address of Opposing Counsel:

IV. Fees. *An application fee of \$300.00 must be submitted with this application.*

APPLICATION AGREEMENT

Read and initial each of the following statements and sign below:

- a. _____ I agree to abide by all Rules and Regulations of the Arizona Board of Legal Specialization as amended from time to time, to pay all fees required by the Board of Legal Specialization as due, and to furnish to the Board such information as may be required from time to time to ascertain my entitlement to certification.
- b. _____ I certify that I am an active member in good standing of the State Bar of Arizona and that I continue to engage in legal service (as defined in the Rules and Regulations of the Arizona Board of Legal Specialization) on an annual basis equivalent to at least 50% of a full-time practice.
- c. _____ I annually devote not less than 50% of a full-time practice to workers' compensation law, as defined in the Standards for Certification for Lawyers Specializing in Workers' Compensation Law.
- d. _____ Pursuant to Rule 70, Ariz.R.Sup.Ct., I hereby waive confidentiality of any disciplinary proceeding initiated against me by the State Bar of Arizona after January 1, 1992, or which may be initiated against me during the pendency of my application. I understand and agree, to the extent permitted under Rule 70, Ariz.R.Sup.Ct., that my disciplinary records may be requested from the Lawyer Regulations Records Manager (or representative) or Disciplinary Clerk.
- e. _____ I agree to advise the Board of Legal Specialization, from the date of filing this current application throughout the next approved five-year period of certification, of any disciplinary action taken against me in any state, jurisdiction, or organization. I will advise of all instances of discipline in which the sanction imposed was censure or greater, or an informal reprimand in which the disciplinary record was public.
- f. _____ I authorize all persons, firms, officers, corporations, organizations, associations (including Bar Associations of other jurisdictions), State or Federal agencies and institutions to furnish to the Board of Legal Specialization 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.
- g. _____ I authorize the Board of Legal Specialization to consult with any persons who may have information relating to my professional qualifications, credentials or character, ethics, behavior, or any other matter reasonably bearing on the criteria for initial and continued certification. I further agree that all information received by the Board shall be treated confidentially and that I have no right of access to information received by the Board from third parties. I specifically waive any right to review any reference or other evaluations made to the Board, whether solicited by me or the Board. In addition, I agree not to seek discovery of such references and evaluations, formally or informally, in any legal proceeding or otherwise.
- h. _____ I release, discharge and exonerate the State Bar of Arizona, its officers, directors, staff, agents, employees and representatives, and any person furnishing information and evaluations to the Board of Legal Specialization, from any and all liability of every nature and kind arising from the investigation and evaluation of my application or my continued satisfaction of the Standards for Certification.

I certify my application is true or true to the best of my knowledge and belief. I understand that failure to make a truthful disclosure of any material fact or item of information required may result in the denial of my application, revocation of my certificate of specialization if granted, or disciplinary action by the State Bar of Arizona.

Signature of Applicant

Date