



The State Bar of California
Department of Legal Specialization
180 Howard Street · San Francisco, CA 94105-1639
(415) 538-2120 · legalspec@calbar.ca.gov

\$: _____ REC'D BY: _____ Activity # _____ <p style="text-align: center;">FOR OFFICIAL USE ONLY</p>

**LEGAL SPECIALIST EDUCATION
 PROVIDER APPLICATION**

Include a copy of all attachments and the \$300 non-refundable filing fee.

1) CONTACT INFORMATION

Contact Name: _____

Provider Name: _____ Provider #: _____

Provider Address: _____

City: _____ State: _____ Zip: _____ + _____

Web-site: _____ Phone: () - _____

E-mail: _____ Fax: () - _____

2) SPECIALTY AREA

If you are a provider in multiple specialty areas, you must submit a separate application for EACH specialty area.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Admiralty & Maritime Law | <input type="checkbox"/> Appellate Law | <input type="checkbox"/> Bankruptcy Law | <input type="checkbox"/> Criminal Law |
| <input type="checkbox"/> Estate Planning, Trust and Probate Law | <input type="checkbox"/> Family Law | <input type="checkbox"/> Franchise & Distribution Law | |
| <input type="checkbox"/> Immigration & Nationality Law | <input type="checkbox"/> Legal Malpractice Law | <input type="checkbox"/> Taxation Law | <input type="checkbox"/> Workers' Compensation Law |

3) TYPE OF PROVIDER

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Commercial Educator | <input type="checkbox"/> Corporate Counsel | <input type="checkbox"/> Education Institute | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Law Firm | <input type="checkbox"/> Legal Professional Association | <input type="checkbox"/> Local Bar Association |
| <input type="checkbox"/> Minority, Women, Specialty Bar Association | <input type="checkbox"/> Non-Legal Professional Association | <input type="checkbox"/> State Bar Association | |
| <input type="checkbox"/> Other (Describe) _____ | | | |

4) ATTESTATION

Read, sign and date below. Your signature **MUST** be original.

I agree to comply with Rule 3.114(C), Title 3, Division 2, Chapter 2 of the Rules Governing the State Bar of California Program for Certifying Legal Specialists.

I agree that all educational activities offered for legal specialization educational credit shall meet the criteria for educational activities according to Rule 3.114(C), Title 3, Division 2, Chapter 2 of the Rules Governing the State Bar of California Program for Certifying Legal Specialists. I agree to keep a record of attendance for six years from the date of each educational offering. Information regarding attendance will be furnished to the Board of Legal Specialization (BLS) upon request by the BLS or the attendee.

I declare under penalty of perjury under the laws of the State of California that the foregoing answers and statements are true and correct.

Name: _____ Title: _____

Signature: _____ Date: _____

5) SUBMISSION CHECK LIST

- Enclose \$300 application fee. Make check payable to "The State Bar of California."
- Attach your approval letters for four legal specialist activities which have occurred in the last two years.

Mail to: The State Bar of California
 Legal Specialization-Provider Approval
 180 Howard Street
 San Francisco, CA 94105-1639



CALIFORNIA BOARD OF LEGAL SPECIALIZATION OF THE STATE BAR OF CALIFORNIA

180 HOWARD STREET
SAN FRANCISCO, CALIFORNIA 94105-2120
TELEPHONE: (415) 538-2120
FAX: (415) 538-2180
E-MAIL: legalspec@calbar.ca.gov
WEBSITE: www.californiaspecialist.org

Credit Card Authorization Form

Date: _____

Provider Name: _____ Provider Number: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

E-mail Address: _____

Description	Fee
<i>Multiple Activity Provider Application Fee</i>	<i>\$300</i>

I authorize the State Bar of California to charge my credit card for \$ _____

(This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to Legal Specialization. Please print legibly.)

Credit Card Number: _____

Credit Card Security Code: _____ Expiration Date (Month/Year): _____

Credit Card Type: Visa MasterCard

Name on Card (print legibly): _____

Signature of Card Holder: _____

SUBMISSION INFORMATION

MAIL FORM TO:

The State Bar of California
Department of Legal Specialization
180 Howard Street
San Francisco, CA 94105

FAX FORM TO:**OR****(415) 538-2180**