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

APPL#: _____

FOR OFFICIAL USE ONLY

LEGAL SPECIALIST EDUCATION SINGLE ACTIVITY APPLICATION

1) CONTACT INFORMATION

Contact Name: _____

Provider Name: _____

Provider Address: _____

City: _____ State: _____ Zip: _____ + _____ Provider #: _____

Website: _____ Phone: (____) _____-_____

E-mail: _____

2) SPECIALTY AREA

☐ Admiralty & Maritime Law ☐ Appellate Law ☐ Bankruptcy Law ☐ Criminal Law

☐ Estate Planning, Trust & Probate Law ☐ Family Law ☐ Franchise & Distribution Law ☐ Immigration & Nationality Law

☐ Legal Malpractice Law ☐ Taxation Law ☐ Workers' Compensation Law

3) ACTIVITY

Activity Title: _____

Date of Activity: _____

Activity Format (check one or both) ☐ Participatory ☐ Self-Study

Delivery Method (if participatory) ☐ Live Presentation ☐ Skills Workshop ☐ Conference call ☐ Interactive Webinar ☐ Interactive CD/Video ☐ Other: _____

Number of Hours of Credit Requested *(total number of hours an attendee can participate in the activity including the subfields below, if any)* = _____ (Use the Activity Content Attachment to specify category (ies) of credit).

If the activity contains any of the subfields below, please specify the number of hours of credit requested for each category:

Hours of *Legal Ethics:* _____ Hours of E*limination of Bias:* _____ Hours of *Competence issues:* _____

Are you requesting approval for audio/video tapes of this activity? ☐ Yes ☐ No

If this activity is one hour or more in length it **MUST** be accompanied by substantive written materials to qualify for credit (See Rule 3.601 (D) in Title 3, Division 5, Chapter 1 of the rules Governing the State Bar of California.) Please include a copy of written materials; electronic format is acceptable (PDF, Microsoft Office, or common video format on CD or thumb drive or emailed to legalspec@calbar.ca.gov).

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 and with the Rules contained in Title 3, Division 5, Chapter 1 of the rules Governing the State Bar of California.

I agree that all educational activities offered for legal specialization educational credit shall meet the criteria for educational activities set forth in Rule 3.114 (C), Title 3, Division 2, Chapter 2 of the Rules Governing the State Bar of California and with the Rules contained in Title 3, Division 5, Chapter 1 of the rules Governing the State Bar of California.

I agree to keep a record of attendance for four (4) years from the date of each educational offering. Information regarding attendance will be furnished to the California Board of Legal Specialization (CBLS) upon request by the CBLS or the attendee (See Rule 3.602 (B) in Title 3, Division 5, Chapter 1 of the rules Governing the State Bar of California.)

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: _____ Signature: _____

Title: _____ Date: _____

5) SUBMISSION CHECKLIST

- ☐ Include the appropriate Activity Content attachment for your activity and any required enclosure
- ☐ Enclose $75 non-refundable application fee. Make checks payable to 'The State Bar of California.' You also can pay by credit card (see form attached)
- ☐ Include all attachments to this original**.**
  - ☐ Copy of schedule/agenda, including list of topics with descriptions, for the activity
  - ☐ Copy of speaker biographies for the activity
  - ☐ If seeking more than one hour of credit, please include a copy of written materials (substantive materials are required for activities of more than 1 hour)
  - ☐ Attach promotional material or an outline/description of the activity, including faculty and credentials.

MAIL TO:

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

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Department of Legal Specialization
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LEGAL SPECIALIST EDUCATION ACTIVITY
Legal Malpractice Law Activity Content Attachment

1) ACTIVITY INFORMATION

Provider Name: _____ Date: _____

Title of Activity: _____ Time: _____

2) ACTIVITY CONTENT

This section MUST be completed or the application WILL NOT be processed. Legal Malpractice Law educational content must fall into the following categories:

(A) Professional Responsibility

(B) Legal Analysis and Reasoning

(C) Damages

(D) Motions

(E) Litigation and Alternative Dispute Resolution Proceedings

(F) Insurance

Total Minutes of Course _____ divided by 60 and rounded to nearest quarter hour = _____
(Example: 0.25, 0.5, 0.75, 1 hour)

SAMPLE

Date	Time	A	B	C
12/01/07	**9:00-4:00**	**1.0**	**2.5**	**2.0**
Total Hours Requested				

STOP

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION EDUCATION IN LEGAL MALPRACTICE LAW

Provider	
Subject Matter/Title	
Date & Time of Activity	
Location	
Length of Activity	

California Legal Specialization credit was offered in the following areas:

AREA	HOURS OFFERED BY PROVIDER	HOURS CLAIMED BY PARTICIPANT
Professional Responsibility		
Legal Analysis and Reasoning		
Damages		
Motions		
Litigation and Alternative Dispute Resolution Proceedings		
Insurance		
TOTAL HOURS OFFERED/CLAIMED		

To be completed by the attorney after participation in the above-named activity:

By signing below, I certify that I participated in the activity described above and am entitled to claim California Legal Specialization credit as indicated in the AHours Claimed by Participant@ column.

Name: _____
PRINT

Signature: _____ Date: _____

Reminder: If the provider has not been granted credit for a particular area, you cannot claim credit for that area. Keep this record of attendance for at least one year from the date the California Board of Legal Specialization acts on your application for certification or recertification. In the event that you are audited by the Board, you may be asked to submit this record of attendance.

RECORD OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION
EDUCATION IN LEGAL MALPRACTICE LAW

Provider	
Subject Matter/Title	
Date & Time of Activity	
Location	
Length of Activity	

ELIGIBLE LEGAL SPECIALIZATION CREDIT:

AREA	HOURS
Professional Responsibility	
Legal Analysis and Reasoning	
Damages	
Motions	
Litigation and Alternative Dispute Resolution Proceedings	
Insurance	
TOTAL HOURS OFFERED	

Name of Attendee	California State Bar No.	Attendee Signature

REMINDER TO PROVIDER: Keep this record of attendance for 6 years after the date of completion of this activity.

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**
Single Activity Provider Application Fee	*$75*

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

OR

FAX FORM TO:
(415) 538-2180