

## **APPLICATION FOR ACCREDITATION**

### **INDIANA OFFICE OF ADMISSIONS AND CONTINUING EDUCATION ACCREDITATION OF SPECIALTY CERTIFICATION PROGRAMS FOR LAWYERS**

Supreme Court of Indiana  
Office of Admissions and Continuing Education  
251 N. Illinois Street, Suite 550  
Indianapolis, Indiana 46204-3564

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**General Instructions:** The Applicant must submit a separate application and fee for each area in which it seeks accreditation. One original and (9) copies should be submitted to the Commission 1) of this completed, printed application and 2) a total of ten (10) copies of the requested examinations. For all other requested items, please send one hard copy of each item. Please label enclosures and attachments as appendices and refer to them as such in your responses to the application.

**Enclosures:** Before mailing your Application for Accreditation, please be sure to enclose the following:

1. Copy of your organization's charter, bylaws, resolutions or other like documents evidencing the existence of your organization. Include any resolution of your organization's governing body authorizing this application and authorizing the completion and submission by person making the application. If your organization is something other than a corporate entity, please provide the following: documents evidencing the existence of your organization, resolutions or other like documents. Please highlight any changes since your last application.
2. Copy of a sample application (and accompanying documents) which attorneys must submit to your organization in order to become certified.
3. Completed ICO Form 2 and a curriculum vitae or resume for each member of the governing board, evaluation committee and staff of your organization.
4. Copy of the handbook, guide or manual that outlines the standards, policies, procedures, guides for self study and application procedures for your organization. Please highlight any changes since your last application.
5. Copies of examinations given in the past two (2) years, or in the case of new organizations, copies of proposed examinations. In cases where an organization accepts examination by another entity, include copies of such examinations. *Please highlight evidence that the law in Indiana, when different from the general law is part of the examination.* Include evidence of the exams' validity and reliability, such as written examination procedures, including a description of how examinations are developed, conducted and reviewed; a description of the grading standards used; and the names of persons responsible for determining pass/fail standards.
6. The definition of the specialty or specialties in which the Applicant certifies specialists.
7. A copy of your financial statements (balance sheets, income statements and federal tax returns) for the past three (3) years.
8. A copy of your budget and financial plan for the next three (3) years.
9. A check in the amount of \$750.00 for the Application Fee. Checks should be made payable to: Indiana Continuing Education Fund. *This application fee is nonrefundable.*
10. If the Applicant's specialty certification program has been approved by the American Bar Association, please attach the documents demonstrating ABA's approval and a copy of the Application submitted to the ABA to obtain that approval. (For documents which are identical to any of the documents requested above, there is no need to send a duplicate copy. Please simply note, as an example, "Also submitted to the ABA were the by-laws submitted with this application, the financial statements submitted with this application, etc.")

## GENERAL INFORMATION

**1. Applicant Organization Profile**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Name of Specialty Area: \_\_\_\_\_

Organization's Mission Statement/Purpose/Goal:

**2. Number of Years in existence:** \_\_\_\_\_

**3. Is your organization a successor of another organization?**      Yes      No

If yes, please explain:

4. What is the business structure of your organization?  
(Please check appropriate responses)

Not-for-Profit Corporation	Association
For-Profit Corporation	Educational Institution
State or Local Bar Association	
Other, please explain:	

**Note:** Include documents referred to in “Enclosures”, p.1, dealing with your organization.

5. Governing Board, Evaluation Committees and Staff.

How many members are on your governing board? \_\_\_\_\_

How many members are on your evaluation committee? \_\_\_\_\_

**Note:** Include documents referred to in “Enclosures,” p.1, ICO Form 2 and curriculum vitae or resume for each member of the governing board, evaluation committee and staff.

6. Has your organization retained or hired a person who, or organization which, has a background in evaluating the validity and reliability of written examinations?

Yes      No

If yes, please enclose an ICO Form 2 for this person or organization.

If yes, explain how this person or organization’s background has been determined and verified.

7. Do you certify your specialists for a period of five years or less?

Yes      No

8. Does your organization require in order for an attorney to be certified as a specialist, each of the following:

- a. Substantial Involvement by the attorney requiring that the time spent practicing the specialty be at least twenty-five percent (25%) of the total practice of a lawyer

engaged in a normal full-time practice throughout the three-year period immediately preceding the lawyer's application.

Certification	Yes	No
Recertification	Yes	No

- b.** References from at least five (5) attorneys or judges who are familiar with the competence of the attorney and knowledgeable regarding the practice area, none of whom are related to, or engaged in the legal practice with the attorney.

Certification	Yes	No
Recertification	Yes	No

- c.** Procedures providing that your organization (as opposed to the lawyer seeking certification) send the reference forms to potential references.

Yes	No
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- d.** Procedures providing that your organization (as opposed to the lawyer seeking certification) receive the reference forms from the references.

Yes	No
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- e.** Reference forms that inquire into: (check all that apply)

The Respondent's areas of practice

The Respondent's familiarity with the specialty area

The Respondent's familiarity with the lawyer seeking certification

The length of time the Respondent has been practicing law

The length of time the Respondent has known the lawyer seeking certification

The qualifications of the lawyer seeking certification in various aspects of the practice

The lawyer's dealing with judges and opposing counsel

- f.** A lawyer to refrain from submitting as a reference the name of any lawyer or judge who is related to the lawyer seeking certification or currently engaged in legal practice with that lawyer.

Yes	No
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- g.** Reservation of the right to seek and consider reference forms from persons of the organization's own choosing.

Yes	No
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- h.** Passage of a written examination by the lawyer seeking certification.

Yes No

If yes, does the written examination: (check all that apply)

Test the knowledge and skills of the substantive and procedural law in the specialty area

Include professional responsibility and ethics as it relates to the specialty

Include questions about the law in Indiana when different from the general law

- i.** Educational experience as required and set forth in Section 4, 4.06D of the Standards for accreditation.

Certification Yes No

Recertification Yes No

- j.** That all certified attorneys are in good standing to practice law in the State of Indiana and that an attorney's fitness to practice is not in question by virtue of disciplinary action in any other state.

Certification Yes No

Recertification Yes No

- i.** What procedure have you developed to ensure that the attorneys are in good standing to practice law in the State of Indiana?

(Attach additional sheet(s) if necessary for this explanation)

- ii.** What procedure have you developed to ensure that the attorneys' fitness to practice is not in question by virtue of disciplinary action in any other state?

**iii.** What procedure have you developed to ensure that a certified attorney remains in good standing (after certification) in all states where that attorney is licensed?

**iv.** If an attorney's license is suspended or revoked in a state other than Indiana, how will your organization deal with the attorney's certification?

**9.** Please provide a brief description of your organization's funding sources (membership dues, grant monies, other revenue sources, etc.)

**10.** How much does it cost the attorney to become certified and then recertified by your organization?

\$ \_\_\_\_\_ Certification

\$ \_\_\_\_\_ Recertification

**11.** Please list any commendations, recommendations and other references your organization has received from law schools, accredited continuing legal education providers, bar associations or other professional organizations. You may attach any necessary supporting documents.

**12.** Has your organization been approved to certify attorneys in other states?

Yes      No

If so, please list those states.

**13.** Has your organization been denied approval to certify attorneys in other states?

Yes      No

If so, please list those states and give the reason(s) for denial.

**14.** Has your organization been accredited by the American Bar Association as a certifying body *in the specialty area* in which you are applying?

Yes      No

**15.** What is the total number of attorneys certified by your organization as of the date of this application?

**16.** Please list the number of attorneys certified by your organization according to the state and area of practice. (If there is insufficient space, please list on a separate sheet).

State	Number of Certified Attorneys	Area of Practice

**17.** What was the average number of applications for certification processed annually during the last three years by your organization?

\_\_\_\_\_ Per Year

**18.** What was the average annual number of applications for certification approved by your organization during the last three years?

\_\_\_\_\_ Per Year



**19.** What was the number of applications for certification disapproved for each of the last three years?

20 \_\_\_\_\_ : \_\_\_\_\_

20 \_\_\_\_\_ : \_\_\_\_\_

20 \_\_\_\_\_ : \_\_\_\_\_

**20.** What are the primary reasons applicants have been disapproved by your organization during each of the last three years?

**21.** For each examination administered during the previous three (3) years, please list the pass/fail rate for each examination, along with the date each examination was administered.

**22.** Please list the number of applicants who appeal a failed examination, for each examination listed in Number 21 above. Also, of those appeals, how many were successful?

## ORGANIZATION'S CERTIFICATION PROGRAM

1. What is the length of the certification period under your organization's program?

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2. Does your organization have an appellate process in place for attorneys who are refused certification?

Yes No

If yes, describe your organization's policy providing the appeal procedure. Include information as to whether your policy provides a lawyer seeking certification the opportunity to present his or her case to an impartial decision maker in the event of denial of eligibility or denial of certification.

3. Describe the methodology used by your organization which ensures the unbiased consideration of lawyers seeking certification.

4. Does your organization's program description indicate that your organization does not discriminate against lawyers seeking certification on the basis of race, religion, gender, sexual orientation, disability or age?

Yes No

If yes, describe this process. You may attach any necessary supporting documents.

5. Please describe your organization's program for recertification. Attach any necessary supporting documents.

6. Do you have a process in place to revoke an attorney's certification?

Yes No

If yes, please describe this process. You may attach any necessary supporting documents.

7. Does your revocation process offer an appellate procedure to attorneys whose certification is revoked?

Yes No

If yes, please explain:

### STATEMENT OF AUTHORIZATION

As authorized representative of and contact person for purposes of this application for accreditation, I authorize and consent to an investigation as to the matters requested and disclosed in this application. Further, I agree to the following:

- a) to provide further information which may be required in reference to the current or prior activities of our organization, and to cooperate in the investigation of the statements on this application;
- b) that in connection with making this application, I agree to abide by the Standards,
- c) Governing Rules, Evaluation Criteria and Procedures which have been or may be established by the Indiana Commission for continuing Legal Education Accreditation of Specialty Certification Programs for Lawyers, as amended from time to time;
- d) to release, discharge, exonerate and hold harmless the Indiana Commission for Continuing Legal Education, its Commission members, its members of any specialization related advisory committees, agents, independent contractors, volunteers, officers and employees from liability of any kind, including costs and expenses, for any suit or damages sustained by any person or property by virtue of an ICO's or Applicant's activities relating to accreditation by the Commission or for any consequences of an ICO's or Applicant's involvement in seeking or sustaining accreditation of its specialty program(s), by virtue of any act or omission by the Commission members, its members of any specialization related advisory committees, officers, contractors, agents, employees and volunteers;
- e) That the Indiana Commission for Continuing Legal Education may make material submitted by our organization in connection with this application available to agencies other than the Indiana Commission for Continuing Legal Education.

I certify that I am authorized by our organization to submit this application and that the information disclosed and the items provided pursuant to the requirements of this application are true and complete to the best of my knowledge and belief

\_\_\_\_\_  
Signature of Authorized Representative

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

For \_\_\_\_\_

State of \_\_\_\_\_ )

)

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared \_\_\_\_\_ to me known as the person described in, and who executed this instrument, and acknowledged that he/she executed it as his/her free act and deed.

\_\_\_\_\_  
Notary Public

State of \_\_\_\_\_

County of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_