



The Florida Bar

651 East Jefferson Street
Tallahassee, FL 32399-2300

Joshua E. Doyle
Executive Director

850/561-5600
WWW.FLORIDABAR.ORG

Memorandum

Re: Recertification in Elder Law

Thank you for your continued interest in board certification. Your achievement is an indication of your personal and professional commitment to high standards in your practice. Public recognition of board certification as a measure of competence and professionalism among lawyers depends on the participation of those who exemplify the standards.

To renew your board certification, please complete and return this package with your \$250 filing fee. The information in this package is comprehensive, and the recertification process is fundamental to the evaluation of each candidate. You are encouraged to carefully read all instructions as well as the applicable rules and policies before you begin your application. Information related to your certification area can be found at www.floridabar.org/certification. Please note that all requirements, including CLE, must be accomplished by the filing deadline.

As a board certified lawyer, the Board of Legal Specialization and Education (BLSE) and the Certification Committee are interested in your assessment of the program. If your practice has changed, or you do not intend to apply for recertification, we ask that you notify us in writing. We encourage and welcome your comments.

Board Recertification Application Instructions

Please carefully read these instructions before completing the application, and retain in your files for future reference.

Standards and Policies. Chapter 6, Rules Regulating The Florida Bar, sets forth the minimum standards for board certification and the specific requirements for each area of practice. The rules, BLSE Policies, and other information may be found on the website at www.floridabar.org/certification. **Please be sure to carefully read the rules and policies before you begin your application.**

Completion of Requirements. Unless an extension is granted, all requirements for recertification must be met by May 31 for cycle 1 areas and July 31 for cycle 2 areas.

Application Updates. Once your application has been submitted, please understand that you have a continuing obligation to notify the Legal Specialization and Education Department of The Florida Bar should there be any changes to any of your responses provided within your application, pursuant to BLSE Policy 2.05(b).

Application Filing. Please refer to The Bar's website for the postmark deadline for your area. Typed applications are preferred, but neatly handwritten applications will be accepted. Completed applications should be returned to the Legal Specialization and Education Department of The Florida Bar.

Recertification File Extension. If you are unable to complete the requirements for recertification by the deadline, BLSE Policy 2.07(d) permits a single 3-month recertification file extension to be granted if accompanied by a properly executed application for extension and payment of the appropriate fee. The extension will commence on the current certification expiration date. The extension request form is available on the website and must be postmarked by the filing deadline.

Fees. The Certification Program is financially self-supportive and operates on revenue generated primarily from applicant fees. The recertification filing fee is \$250 and, if recertification is granted, a \$150 annual fee must be paid each year. You will receive an invoice for your annual fee each year in March via email to your record Bar email address.

Your application must be accompanied by the filing fee at the time of filing. Please make your payment by check, money order or bank cashier's check payable to The Florida Bar. Electronic payments are not accepted for this fee at this time. All fees are non-refundable.

Application Processing and Review. Upon our receipt of your completed application, you will receive an email notification. Applications will be processed in accordance with BLSE Policies 2.08 and 2.14. Only complete applications will be substantively reviewed by a certification committee. Omissions or inaccuracies in the completion and submission of application forms will be grounds for denial.

A review and recommendation as to each applicant's qualifications, based upon compliance with the standards adopted by the Supreme Court of Florida, and policies established by the certification committee ("Committee"), is the responsibility of the Committee, with final approval determined by the Board of Legal Specialization and Education ("BLSE"). This process usually takes five to seven months. During this time, you may be requested to provide additional information. A prompt response is important to the continued progress of your application. Your certification status remains intact during this process

unless you are notified otherwise. Pursuant to BLSE Policy 2.05(c), failure to respond to a request for supplemental information will be considered a withdrawal of an application.

Voluntary Withdrawal. In accordance with BLSE Policy 2.08(d), an application for recertification may be voluntarily withdrawn by an applicant. Notification of withdrawal must be in writing and must be received by the LSE director before an appeal under BLSE Policy 4.04(a) is due.

Professional Ethics and Competence. The standards for recertification include consideration of character, ethics and reputation for professionalism. Questions are included in the peer review statements and the application also requires disclosure of disciplinary history. Should there be any changes in the information you provided on your application during the processing period, you must advise our office in writing. Recertification may be withheld pending the resolution of disciplinary/malpractice matters.

Pursuant to BLSE Policy 2.08(c)(2), if an application for recertification has an unresolved professional ethics matter, the certification committee will consider the circumstances and recommend a course of action to the BLSE.

Peer Review. Each applicant will submit the names and contact information of individuals who can attest to the applicant's special competence and substantial involvement in the practice of law in which certification is sought, as well as the applicant's character, ethics, and reputation for professionalism, in accordance with the area standards, Rule 6-3.5(c)(6), Rules Regulating The Florida Bar and BLSE Policy 2.10. The BLSE or certification committee may solicit statements from additional lawyers and/or judges.

Statements of reference concerning applicants shall be submitted on forms furnished by the BLSE. A sample copy of the Statement of Reference is provided for your information. Please do **NOT** send this statement to your references. Staff will solicit the statements on your behalf. Reference statements submitted by applicants cannot be accepted.

Continuing Legal Education. The education requirements must be completed within the time frame specified in the application. Hours submitted must be approved for certification credit in the area in which you are applying. General CLER hours will not qualify. Board Certification credit hours are now available online. You can check your board certification CLE Credits by logging in to your member portal. If you are unsure about credit for a program or individual activity, please attach detailed information on the program or activity, including an outline of the course content, a time schedule and speaker information. Each submission will be reviewed and credit allocated as appropriate.

Confidentiality. Rule 6-3.12, Rules Regulating The Florida Bar, provides for complete confidentiality in the certification process. The entire content of your file, including the statements of reference, will remain confidential. All communications you receive about your application will be marked "personal and confidential" and emailed or mailed to your official Bar membership address.

Staff Assistance. Your staff liaison is prepared to assist you with the application process and provide general information about the standards and policies. Staff may not, however, advise you as to whether you qualify for recertification, nor discuss the status of your application. All communication as to the status of your application will be sent to you in writing on behalf of the Committee.

Recertification Application Coversheet

Return your completed application for recertification with this coversheet to:

**The Florida Bar
Legal Specialization and Education Department
651 East Jefferson Street
Tallahassee, FL 32399-2300**

Bar Number: _____

Name: _____

Area of Certification: _____

Please read and initial the following statements:

_____ I have read all applicable rules, policies, and instructions within this application.

_____ I understand, pursuant to BLSE Policy 2.08(a)(2), only complete applications will be substantively reviewed by a certification committee.

_____ I understand that the accuracy of the information I provide will be verified. I acknowledge that the information in my application and attachments, if any, is true and complete.

_____ I understand my continuing obligation to notify the Board of Legal Specialization and Education of The Florida Bar in writing if there are any changes to any of my responses within the application and if there are any changes to my qualifications for board certification.

_____ I understand, pursuant to BLSE Policy 2.05(c), failure to respond to a request for supplemental information will be considered a withdrawal of my application.

_____ I have enclosed my application fee of \$250. My check is made payable to The Florida Bar.

Where did you hear about Board Certification?

- | | | | |
|--|-------------------------------------|---------------------------------------|------------------------------|
| <input type="checkbox"/> Florida Bar Website | <input type="checkbox"/> Colleagues | <input type="checkbox"/> Social Media | <input type="checkbox"/> CLE |
| <input type="checkbox"/> Local Bar Association | <input type="checkbox"/> Conference | <input type="checkbox"/> Other | |

Signature: _____ **Date:** _____



Board of Legal Specialization and Education
 The Florida Bar
 651 East Jefferson Street
 Tallahassee, Florida 32399-2300
 (850) 561-5842



APPLICATION FOR BOARD RECERTIFICATION

Please check one:

- | | |
|--|---|
| <input type="checkbox"/> Admiralty & Maritime Law
<input type="checkbox"/> Adoption Law
<input type="checkbox"/> Antitrust & Trade Regulation Law
<input type="checkbox"/> Appellate Practice
<input type="checkbox"/> Aviation Law
<input type="checkbox"/> Business Litigation Law
<input type="checkbox"/> City, County & Local Government Law
<input type="checkbox"/> Civil Trial Law
<input type="checkbox"/> Condominium and Planned Development Law
<input type="checkbox"/> Construction Law
<input type="checkbox"/> Criminal – Appellate Law
<input type="checkbox"/> Criminal – Trial Law
<input type="checkbox"/> Education Law
<input type="checkbox"/> Elder Law | <input type="checkbox"/> Health Law
<input type="checkbox"/> Immigration & Nationality Law
<input type="checkbox"/> Intellectual Property Law
<input type="checkbox"/> International Law
<input type="checkbox"/> International Litigation & Arbitration
<input type="checkbox"/> Juvenile Law
<input type="checkbox"/> Labor & Employment Law
<input type="checkbox"/> Marital & Family Law
<input type="checkbox"/> Real Estate Law
<input type="checkbox"/> State & Federal Gov't & Administrative Practice
<input type="checkbox"/> Tax Law
<input type="checkbox"/> Wills, Trusts & Estates Law
<input type="checkbox"/> Workers' Compensation Law |
|--|---|

TYPE OR PRINT NEATLY

Bar Membership Name	File Number (for office use only)
Name as you wish it to appear on certificate	Florida Bar Number

I. Please Submit the Following Background Data

A.

Current Firm or Employer			Start Date:
Address			Room or Suite
City	State	Zip Code	Telephone
E-mail Address*			

⊛ *Please note: It is our policy to use your official Bar membership email address for written communication concerning your application for board certification and to mark our correspondence "Personal and Confidential." If you would prefer we use a different email address, you will need to temporarily make that change by updating your official Bar contact information by logging in to your My Florida Bar account. You may also contact our Membership Records Department at (850) 561-5832 or by email at memberaddress@floridabar.org.*

B. Record of Admission to Law Practice

1. Is your membership in The Florida Bar active and in good standing? Yes No
2. In what year were you originally certified? _____
3. If you are currently admitted to practice law in other jurisdictions, please provide the following information:

State	Date of Admission	Membership No.	Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
State	Date of Admission	Membership No.	Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
State	Date of Admission	Membership No.	Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
State	Date of Admission	Membership No.	Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
State	Date of Admission	Membership No.	Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
State	Date of Admission	Membership No.	Member in Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No

_____ **I have attached a letter of good standing for each jurisdiction in which I am admitted to practice law (excluding Florida).**

If you have ordered a letter of good standing but have not yet received it, please check here. You may file your application without this information, with the understanding it must be submitted separately to your Staff Liaison as soon as possible.

Certificates of good standing printed from online portals are acceptable.

C. Former Applications – Please indicate below, all former applications filed in any other area of certification or recertification, in Florida or elsewhere:

Year	State/Organization	Area	Disposition
Year	State/Organization	Area	Disposition
Year	State/Organization	Area	Disposition
Year	State/Organization	Area	Disposition
Year	State/Organization	Area	Disposition
Year	State/Organization	Area	Disposition

D. Professional History

How many years have you been practicing in the certification area you are applying for? ____ years

Please provide below a complete statement of your employment history since your last recertification. List most recent employment first. (Attach additional sheets if necessary.)

*If service was in a non-judicial position and not in private law practice, please indicate whether bar admission was an employment condition.

From	To
Firm Name or Organization*	
Address	
Position	

From	To
Firm Name or Organization*	
Address	
Position	

From	To
Firm Name or Organization*	
Address	
Position	

From	To
Firm Name or Organization*	
Address	
Position	

E. Photo Identification

Please tape a professional head and shoulders photograph (preferably 3x5 or smaller) of yourself to this page. Please put your full name on the back of the photograph. Your photograph is requested for the purpose of peer review recognition (when necessary) and publicity (if board recertification is obtained and subject to your approval). Photo will not be returned.

_____ I authorize use of the photograph for promotional purposes (if board recertification is obtained).

Although submission of a photograph is optional, it may facilitate the peer review process.



Applicant Name: _____

F. Record of Professional Ethics and Competence – Please initial the appropriate responses and **attach copies of all pertinent documentation.** Please provide information relevant to your Florida Bar membership and any other State Bar which you are or have been a member **since the last date of certification or recertification.**

Applicants have a continuing obligation to keep each and every question on the board certification application current, complete and correct by filing timely amendments until the effective date of certification. Updates are considered timely when made within 30 days of any occurrence that would change any response made to any application question.

Please INITIAL your responses for items 1-7.

1. List all instances in which a disciplinary sanction was imposed. Attach documentation that includes: (1) title of the disciplinary action; (2) agency identification number; (3) nature of charge; (4) nature of sanction; (5) date sanction was imposed; and (6) date sanction was terminated.

_____ Not Applicable _____ See Attached

2. If you have a complaint initiated or pending with The Florida Bar or another disciplinary agency, which resulted in a sworn complaint filed against the applicant, please attach documentation that includes: (1) title of the inquiry/complaint; (2) agency identification or case number; (3) nature of inquiry/complaint; and (4) a copy of the inquiry/complaint; and (5) a copy of your response to the complaint.

_____ Not Applicable _____ See Attached

3. Explain any claims for malpractice or breach of fiduciary duty against you or your firm which resulted in a lawsuit filed, claim asserted, settlement paid or appointment of a lawyer by the malpractice carrier to defend you or your firm. Please attach: (1) a copy of the complaint; (2) your response; (3) a detailed explanation of your direct involvement; and (4) a copy of the final order if available or the current status of the matter if still pending.

_____ Not Applicable _____ See Attached

4. List and explain all cases in which a state judge, federal judge or arbitrator adversely commented on your conduct.

_____ Not Applicable _____ See Attached

5. List all contempt proceedings brought against you as counsel. Include: (1) style of the proceedings; (2) nature of the charge; (3) nature of the sanction; and (4) date the sanction was imposed.

_____ Not Applicable _____ See Attached

6. List all criminal arrests, charges, pleas of guilty or no contest, convictions, or other dispositions of matters (excluding traffic infractions). Include the case number, alleged violation(s), and disposition or current status.

_____ Not Applicable _____ See Attached

7. List any other matter(s) that could adversely affect your membership in good standing with The Florida Bar or eligibility for board certification.

_____ Not Applicable _____ See Attached

II. Compliance with Specific Certification Area Standards. Please **initial** to indicate your understanding and agreement.

_____ I understand there are specific requirements for recertification in the area for which I am making application and that all attached exhibits must be completed and returned with this application to demonstrate my compliance.

_____ I agree to abide by all rules and policies of the Board of Legal Specialization and Education and the area committee and to provide such information as may be required to ascertain my entitlement to recertification.

_____ I agree to keep each question on the board certification application current, complete and correct by filing timely amendments (within 30 days of any occurrence) until the effective date of certification.

III. Application Fee. Please remember to attach your \$250 filing fee to this application.

IV. Recertification Waivers. Pursuant to Rule 6-3.6(f) and (g), the applicable certification committees may waive compliance for portions or all of the requirements needed for recertification. Waivers are provided based on the Rule referenced below. If you are requesting a waiver, you must provide the additional information requested. No waivers are available to initial applicants for certification.

Waiver of Substantive Requirements

The applicable certification committee must waive the quantitative practice requirements for any applicant who has been continuously certified for 14 years and otherwise meets all requirements for the applicable certification area at the applicant's request. Quantitative practice requirements do not include the percentage-of-time requirement for substantial involvement, but do include, for example, minimum numbers of matters, trials, or hearings specified in individual certification areas.

_____ I am requesting a waiver if substantive requirements. I have been board certified for 14 years or more.

Waiver for Health Reasons

The applicable certification committee may waive compliance with any portion of the quantitative practice criteria in an individual recertification cycle for an otherwise qualified applicant who is not able to meet the recertification requirements for health reasons for good cause shown on a special application form. Quantitative practice requirements do not include the percentage-of-time requirement for substantial involvement, but do include, for example, minimum number of matters, trials, or hearings specified individual certification areas. In determining good cause under this rule, the certification committee will consider, if the applicant requests, the factors listed to be considered under good cause above and the length and severity of the applicant's health issues.

_____ I am requesting a waiver for health reasons. I have attached a statement of good cause.

V. **Release.** By this application, I release from any and all liability and extend absolute immunity to The Florida Bar, and all persons, committees and institutions in any way involved in this certification process including references and informants.

Applicant's Initials: _____

I specifically authorize the Committee and/or Board to consult with any persons who may have information relating to my professional qualifications, credentials or character, mental or emotional stability, ethics, behavior or any other matter reasonably bearing on the criteria for initial and continued certification. This authorization includes inspecting and obtaining any writing that may be material to my certification. I hereby authorize the release of any information and writing, whether privileged or not, requested by the Committee and/or Board. I understand that all information received and made part of my file shall be treated confidentially.

Applicant's Initials: _____

I FURTHER UNDERSTAND THAT THE PEER REVIEW PROCESS IS UNABLE TO SERVE ITS PURPOSE UNLESS THE INDIVIDUALS FROM WHOM INFORMATION IS REQUESTED ARE GUARANTEED COMPLETE CONFIDENTIALITY. BY APPLYING FOR RECERTIFICATION, I EXPRESSLY AGREE TO THE CONFIDENTIALITY OF THE PEER REVIEW PROCESS AND EXPRESSLY WAIVE ANY RIGHT TO REQUEST ANY INFORMATION OBTAINED THROUGH PEER REVIEW AT ANY STAGE OF THE RECERTIFICATION PROCESS.

Applicant's Initials: _____

I FURTHER UNDERSTAND THAT BOARD CERTIFICATION IS A VOLUNTARY PROGRAM AND HAS NO EFFECT ON MY ELIGIBILITY TO PRACTICE LAW IN ANY AREA OF PRACTICE.

Applicant's Initials: _____

I FURTHER UNDERSTAND THAT BOARD CERTIFICATION, IF OBTAINED, MAY BE AUTOMATICALLY REVOKED PURSUANT TO THE BLSE POLICIES OR THE RULES REGULATING THE FLORIDA BAR.

Applicant's Initials: _____

By executing this release, I acknowledge that I am specifically authorizing the Lawyer Regulation Department of The Florida Bar or any other state of which I am or was a member to provide to the Committee and/or Board any and all information concerning disciplinary complaints filed against me, even if confidential. Such release is intended to be applicable to the extent authorized by the Supreme Court of Florida.

Applicant Signature

ELDER LAW RECERTIFICATION

Application Instructions

Please be sure to carefully read all instructions and rules before you begin your application.

REFERENCES

Pursuant to Rule 6-20.4(c), Rules Regulating The Florida Bar, please provide below the names and addresses of five (5) attorneys or judges (not including current partners or associates) who are familiar with and can attest to your reputation for knowledge, skills, proficiency and substantial involvement, as well as your character, ethics and reputation for professionalism in the field of elder law. To the extent possible, attorney references should include attorneys certified and/or practicing in elder law. (See sample form at end of application.)

The Elder Law Certification Standards provide that the BLSE and the Committee may authorize references from persons other than attorneys in such cases as they deem appropriate. The BLSE and the Committee may also make additional inquiries as they deem appropriate. If you are unable to submit the names of five (5) attorneys or judges, you should submit the names of those attorneys you are able to list together with a separate letter requesting permission to designate persons other than attorneys as references, setting forth the reasons for such request, and the name, office address, telephone number, and profession or employment of each person.

SUBSTANTIAL INVOLVEMENT

(See Exhibit "B")

I. Rule 6-29.3(b)(1) of the EDCS requires an applicant to have at least 5 years of law practice, of which at least 40% has been spent in active participation in elder law.

II. Please indicate your percentage of active participation in Elder Law within the last 3-years.

III. Please summarize how you satisfy the substantial involvement requirement in Elder Law (at least 40%) per Rule 6-20(a), Rules Regulating The Florida Bar.

IV. Please initial the appropriate box indicating the required matters handled within the last 3-years per Rule 6-20(a), Rule Regulating The Florida Bar.

V. Please describe your other activities as it pertains to Elder Law within the last 5-years.

CLE INSTRUCTIONS

(See Exhibit "C")

In accordance with Rule 6-20.4(b), all applicants must demonstrate the completion of at least 125 hours of approved continuing legal education (CLE) credits in elder law during the 5-year period since the last date of (re)certification. If you were certified in 2000, 2005, 2010, and 2015, these credits must have been earned between **June 1, 2020 and May 31, 2025**. If you were certified in 2020, these credits must have been earned between **September 1, 2019 and May 31, 2025**.

Attach a current printout reflecting completion of at least the minimum number of hours required to this application. To print a current record of your board certification CLE credits in elder law, visit www.floridabar.org, log in to your My Florida Bar account, and select “Show More” in the My Board Certifications section. Check “Show All” and select elder law from the drop-down menu. Select the “Credit History” tab and click the Print icon.

ELDER LAW RECERTIFICATION

EXHIBIT "A"

REFERENCES

1.

Name		Firm/Employer	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Board Certified in Elder Law?

2.

Name		Firm/Employer	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Board Certified in Elder Law?

3.

Name		Firm/Employer	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Board Certified in Elder Law?

4.

Name		Firm/Employer	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Board Certified in Elder Law?

5.

Name		Firm/Employer	
Address	Room/Suite	City	State/Zip
Email Address		Attorney Bar #	

Board Certified in Elder Law?

ELDER LAW RECERTIFICATION
EXHIBIT "B"

SUBSTANTIAL INVOLVEMENT / PRACTICAL EXPERIENCE

- I. **By checking the box below I certify under oath that the following statement is true and correct:**
- I have been engaged in the practice of law for at least 5 years, of which at least 40% has been spent in active participation in elder law.
- II. During the 3 years immediate preceding application, my practice consists of the following percentage in the area of Elder Law: _____%
- III. Please summarize below how you satisfy the substantial involvement requirement. Elder Law Certification requires an applicant to demonstrate a satisfactory showing of continuous and substantial involvement in the field of elder law throughout the period since the last date of certification. No less than 40% of your practice must have been devoted to elder law matters. The 40% requirement will be critically reviewed by the Committee. **(Attach additional sheet if necessary.)**

IV. PRACTICAL EXPERIENCE

Elder Law Certification requires an applicant provide legal services in at least sixty (60) matters since the last date of certification.

An applicant will be considered to have “provided legal services” if the applicant:

- 1) provided advice (written or oral, but if oral, supported by substantial documentation in the client’s file) tailored to and based on facts and circumstances specific to a particular client;
- 2) drafted legal documents such as, but not limited to, wills, trusts, or health care directives, provided that those legal documents were tailored to and based on facts and circumstances specific to the particular client;
- 3) prepared legal documents and took other steps necessary for the administration of a previously prepared legal directive such as, but not limited to, a will or trust;
- 4) or provided representation to a party in contested litigation or administrative matters concerning an elder law issue.

Based upon the preceding: (please initial as applicable)

_____ Out of the following categories, I have provided legal services in at least forty (40) matters. At least five (5) matters were from each category:

- (A) Health and personal care planning, including giving advice regarding and preparing, advance medical directives (medical powers of attorney, living wills, and health care declarations) and counseling older persons, attorneys-in-fact, and families about medical and life-sustaining choices, and related personal life choices.
- (B) Pre-mortem legal planning, including giving advice and preparing documents regarding wills, trusts, durable, general or financial powers of attorney, real estate, gifting, and the financial and tax implication of any proposed action.
- (C) Fiduciary representation, including seeking the appointment of, giving advice to, representing, or serving as curator, personal representative, attorney-in-fact, trustee, guardian, conservator, representative payee, or other formal or informal fiduciary.
- (D) Legal capacity counseling, including advising how capacity is determined and the level of capacity required for legal activities, and representing those who are or may be subject to guardianship/conservatorship proceedings or other protective arrangements.
- (E) Public benefits advice, including planning for and assisting in obtaining Medicare, Medicaid, Social Security Income, Veteran's benefits and food stamps.

_____ Out of the following categories, I have provided legal services in at least ten (10) matters. No more than five (5) in any one category to be credited toward the total requirement of sixty (60) matters.

- (F) Advice on insurance matters, including analyzing and explaining the types of insurance available, such as health, life, long-term care, home care, COBRA, Medigap, long-term disability, dread disease, and burial/funeral policies.

- (G) Resident rights advocacy, including advising patients and residents of hospitals, nursing facilities, continuing care facilities, and those cared for in their homes of their rights and appropriate remedies in matters such as admission, transfer and discharge policies, quality of care, and related issues.
- (H) Housing counseling, including reviewing the options available and the financing of those options such as mortgage alternatives, renovation loan programs, life care contracts, and home equity conversion.
- (I) Employment and retirement advice, including pensions, retiree health benefits, unemployment benefits, and other benefits.
- (J) Income, estate, and gift tax advice, including consequences of plans made and advice offered.
- (K) Counseling about tort claims against nursing homes.
- (L) Counseling with regard to age and/or disability discrimination in employment and housing.
- (M) Litigation and administrative advocacy in connection with any of the above matters, including will contests, contested capacity issues, elder abuse (including financial or consumer fraud), fiduciary administration, public benefits, nursing home torts, and discrimination.

_____ I have provided legal services in the remaining ten (10) matters in categories (A) through (M) listed above.

V. OTHER ACTIVITIES throughout the period since the last date of certification.

- A. Describe your involvement in The Florida Bar, National Academy of Elder Law Attorneys, Florida Chapter Elder Law Attorneys (AFELA), American College Trust and Estate Council, the American Bar Association, Local Bar Associations, or similar professional groups related to elder law, on which you have actively served. (Include name of organization, nature of service and dates.)

- B. Describe all Elder Law courses you have taught or lectured on in a law school, or in a seminar. (Include name of organization, nature of course and dates.)

- C. The average hours per week that you spend in the practice of law: _____

- D. The average hours per week that you spend in an active trade or business(es) other than the practice of law: _____

Explain the nature of such business(es).

ELDER LAW RECERTIFICATION
EXHIBIT "C"

CONTINUING LEGAL EDUCATION

Only hours not posted to your record as of this report should be reflected in this exhibit. The appropriate form and supporting documentation must be attached for each activity requested. Please note that not all educational activities qualify for certification credits. Details regarding what may be eligible for elder law certification CLE credit may be found in the [Elder Law Standing Committee Policies](#). Forms to request credit for attending courses without Florida Bar course numbers, as well as for lectures, publications, and/or university credit may be found on the Continuing Legal Education Requirement web page at www.floridabar.org/CLER.

It is your responsibility to meet all certification requirements, including CLE, by the deadline. If you are submitting unapproved CLE activities for evaluation with this application, please understand approval is not guaranteed. If these submissions are not approved, you may be deemed ineligible for certification pursuant to BLSE Policy 2.14(c)(2)(A). **It is strongly encouraged that you submit all credit requests well before the deadline, so that you may determine whether you have met the CLE requirement timely.**

Activity Date(s)	Activity Type*	Title of Activity	Sponsor/ Provider	Hours Requested	Bar Approved Course #

**Activity Types: Course Attendance, Individual/Home Study, Lecture, Written Material, University Teaching, University Attendance. Please provide Florida Bar Approved Course Numbers if applicable.*

THE FLORIDA BAR BOARD OF LEGAL SPECIALIZATION AND EDUCATION

651 East Jefferson Street, Tallahassee, Florida 32399-2300
1-800-342-8060, ext. 5842 * 850-561-5842 * Facsimile 850-561-9421
<http://www.flabar.org/certification>

CONFIDENTIAL PEER REVIEW STATEMENT

RE: (AREA OF CERTIFICATION)

TO: (Name)
(Address 1)
(Address 2)
(City, State Zip)

RE: (CERTIFICATION APPLICANT)

The lawyer named above has applied for board certification or recertification and you have been selected to attest to the applicant’s competence and professionalism.

THE CONTENT OF THIS FORM IS CONFIDENTIAL. THE APPLICANT HAS WAIVED ANY RIGHT TO REVIEW THIS PEER REVIEW STATEMENT AND IT IS IMPORTANT THAT YOU REGARD THIS FORM AND YOUR COMMENTS AS CONFIDENTIAL.

Only Board Certified Specialists have taken the extra steps to have their competence and expertise evaluated. Board certification establishes an independent measure of competence, professionalism and peer acknowledgement. A lawyer who is board certified is recognized as “having special knowledge, skills, and proficiency in the practice area and good character, ethics, and a reputation for professionalism in the practice of law.” These are the factors upon which you are asked to evaluate this applicant.

The BLSE encourages candid, objective, and verifiable responses. Peer review is essential to the evaluation of applicants for board certification and we appreciate your time. Please answer the following questions and return your completed form to the address above. To request an electronic version of this form, please contact the LSE Department at Certification@flabar.org.

- 1. I am sufficiently familiar with this applicant to evaluate his or her competence and professionalism for board certification. Yes No
- 2. I am sufficiently familiar with this applicant’s reputation in the legal community to evaluate his or her competence and professionalism for board certification. Yes No

If you answered “No” to questions 1 and 2, you may disregard the remainder of this reference form, sign page 4 and return it to our office. If you wish to add any comments, please do so.

- 3. I am currently employed with the applicant at the same firm, agency or Court. Yes No
- 4. I am related by blood or marriage to the applicant. Yes No
- 5. I am licensed to practice law. Jurisdiction: _____ Yes No

6. I have been acquainted with the applicant for approximately:

- 1 year or less 2-3 years 4-6 years 7-10 years 10+ years

7. I have had professional contact or been involved in matters significant to the referenced area of specialty with the applicant as follows:

- No Contact 1-2 times 3-4 times 5-6 times 7-10 times 10+ times

Briefly describe the extent of your professional contact and approximate date of your last involvement with or against the applicant.

8. I am board certified.

- Yes No

If yes, please indicate the area(s) of law: _____

9. I am a judge, mediator or arbitrator.

If no, please skip to Question 10.

If yes, please answer 9.A and 9.B., then skip to Question 12.

- Yes No

9A. Jurisdiction of Court

- County District Administrative
 Circuit Federal Other: _____

9B. I have presided over a matter in which the applicant has appeared before me in court.

- Yes No

10. My experience in the practice area in which the applicant has applied is:

11. The following percentage of my law practice is devoted to the applicant's referenced area of specialty:

- None up to 25% 25- 50% 50% +

12. Please use the ratings below to evaluate the applicant in comparison to other lawyers with whom you are familiar who practice in the same area of law in which the applicant has applied.

5 = Outstanding; 4 = Above Average; 3 = Average; 2 = Below Average; 1 = Poor; 0 = Unknown.

N/A = Not Applicable

- a. Knowledge of substantive law: _____
- b. Ability to apply substantive knowledge to factual problems: _____
- c. Knowledge of procedural law: _____
- d. Preparation and completion of matters: _____
- e. Efficiency in the practice of law: _____
- f. Resourcefulness: _____
- g. Consideration of clients' interests: _____
- h. Reputation in the legal community as to character, ethical conduct and professionalism: _____
- i. Reputation in the legal community to handle matters: _____
- j. Courtesy towards court and counsel: _____
- k. If applicable, your opinion of the applicant's ability to try a case: _____
- l. If applicable, reputation in the legal community of the applicant's ability to try a case: _____
- m. If applicable, your opinion of the applicant's ability to handle complex matters: _____
- n. If applicable, effectiveness of court presentations: _____

Oral: _____
Written: _____

13. Do you have knowledge of any incidents in the applicant's law practice which, in your opinion, reflect conduct which has been undignified or discourteous to the court or towards opposing counsel?

Yes No

If yes, please explain. _____

14. Do you have knowledge of any facts or circumstances that indicate the applicant is not presently able to represent clients with the competency and professionalism expected of a board certified lawyer?

Yes No

If yes, please explain. _____

15. Do you have knowledge of any incidents reflecting insufficient skills, knowledge, proficiency or ethics in the referenced specialty that would lead you to question the applicant's entitlement to board certification?

Yes No

If yes, please explain. _____

16. Please list the names and addresses of three other lawyers who might have particular knowledge about the applicant's practice in the referenced specialty and could be asked questions similar to those on this peer review form. Please do not list current partners or associates of the applicant.

1. _____
2. _____
3. _____

