



WORKERS' COMPENSATION SPECIALIZATION

APPLICATION
FOR SPECIALIZATION

PRESENTED BY: NEVADA JUSTICE ASSOCIATION IN CONJUNCTION WITH THE STATE BAR OF NEVADA

**COMPLETED APPLICATION TO BE SUBMITTED TO
810 EAST FIFTH STREET, CARSON CITY, NV 89701**

**APPLICATIONS MUST BE RECEIVED BY SEPTEMBER 16TH
LATE APPLICATIONS WILL NOT BE CONSIDERED**



Print Name: _____

APPLICATION

Workers' Compensation law is the practice of law dealing with injuries occurring in the workplace.

Submit your completed application with the non-refundable fee of \$400.00 to the Nevada Justice Association Executive Director at 810 East Fifth Street, Carson City, NV 89701

PERSONAL INFORMATION

NAME: _____

BAR NUMBER: _____

FIRM NAME: _____

STREET AND/OR PO BOX
ADDRESS: _____

CITY: _____

STATE/ZIP: _____

EMAIL ADDRESS: _____

FACSIMILE: _____

ACKNOWLEDGEMENT

In completing this Application, you will need to be familiar with the *RULES AND REGULATIONS OF THE NEVADA BOARD OF WORKERS' COMPENSATION LEGAL SPECIALIZATION*, specifically Section IV (Requirements for Attorney Certification), Section V (Procedure for Initial Attorney Certification) and Section VII (Initial Certification of Workers' Compensation). *See Attached Exhibit A.* Application not completed and/or without fee will NOT be considered.

Please acknowledge by your initials that you have read and are familiar with the **RULES AND REGULATIONS OF THE NEVADA BOARD OF WORKERS' COMPENSATION LEGAL SPECIALIZATION.** _____ (Initials)

Print Name: _____

LEGAL EDUCATION

LIST ALL SCHOOLS ATTENDED, DATES OF ATTENDANCE, AND DEGREE AWARDED:

PRIOR CERTIFICATION APPLICAITONS

If Applicable, list any organization in which you are/were certified as legal specialist and the dates of certification. Also, indicate the dates and field of law of any current/former certifications in Nevada:

PLEASE PROVIDE THE FOLLOWING ON SEPARATE SHEETS OF PAPER: (INCLUDE YOUR NAME ON EACH SHEET SUPPLIED)

RECORD OF DISCIPLINE: Please list any disciplinary actions taken against you in any state, jurisdiction, or organization. In addition, list all instances of discipline in which the sanction imposed was censure or greater, or an informal reprimand in which the disciplinary record was public. A record of discipline or failure to disclose the same may constitute grounds for denial of an application.

EMPLOYMENT HISTORY. In chronological order, beginning with your most recent employment, list a complete statement of your employment during the last seven (7) years. Include the dates of employment, employer's name and address, and a brief summary of the nature of the work performed.

REFERENCES: List the names and addresses of five (5) attorneys who practice in workers' compensation law and/or judges before whom you have appeared, familiar with your practice, and not including current partners or associates. You may not use as references the members of the Board of Workers' Compensation Legal Specialization. All references will be requested to provide written comments regarding your knowledge, skill, thoroughness, preparation, effectiveness and judgment in workers' compensation as well as your ethics and professionalism. The responses are confidential before the Board of Workers' Compensation Legal Specialization and will not be released to you or your representative.

CONTINUING LEGAL EDUCATION: List all continuing legal education activities, ***ONLY within the area of specialization that you are seeking certification***, taken within the last five (5) CLE years. Include the following information:

- Sponsor (or, if published, the title of the publication):
- Title of Course:
- Dates:
- Number of CLE credits:

Print Name: _____

ACTIVE PRACTICE OF WORKERS' COMPENSATION REQUIREMENT

PLEASE PROVIDE INFORMATION TO DEMONSTRATE your practice meets the requirements of Section IV, paragraph D and paragraph E.

You must show that you have had an *active law practice* in the field of Workers' Compensation in the last five (5) years.

"Active law practice" means for persons who reside and practice law in Clark County, Washoe County or Carson City that they spend at least 33.3% (being at least 480 hours) of at least 1,200 hours per year involved in Nevada Workers' Compensation litigation. The Applicant shall have been admitted to the active practice of law for a minimum of seven (7) consecutive years and have practiced within the State of Nevada a minimum of three (3) years immediately preceding this application.

The Applicant must show substantial involvement in the Workers' Compensation field during the five (5) years immediately preceding the application due date. Substantial involvement may be measured by several standards such as the percentage of the time devoted to work in the Workers' Compensation specialty area, the number or type of matters handled within a certain period of time, or any combination of these or other appropriate factors. If any of the Applicant's substantial involvement in Workers' Compensation law occurred outside of the State of Nevada, then such Applicant has the burden to demonstrate to the satisfaction of the Board of Workers' Compensation Legal Specialization that he or she had such substantial involvement in Workers' Compensation and for five (5) years immediately preceding application due date.

Print Name: _____

CONTESTED CASE AND PETITION FOR JUDICIAL REVIEW REQUIREMENT

PLEASE COMPLETE THE ATTACHED SPEADSHEET TO demonstrate that you handled a minimum of fifty (50) contested workers' compensation hearings, each involving substantial legal and/or factual issues, before a Nevada Department of Administration APPEALS Officer and have handled/participated in a minimum of five (5) contested Workers' Compensation Petitions for Judicial Review at the District Court level as required by Section IV paragraph M. *See Attached Exhibit B.*

APPLICATION AGREEMENT

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

_____ I agree to abide by all Rules and Regulations of the Nevada Board of Workers' Compensation Legal Specialization as amended from time to time, to pay all fees required as due, and to furnish to the Board such information as may be required from time to time to ascertain my entitlement to certification.

_____ I certify that I am an active member in good standing of the State Bar of Nevada and that I continue to engage in legal service (as defined in the Rules and Regulations of the Nevada Board of Workers' Compensation Legal Specialization) on an annual basis as required for the county in Nevada for which I practice law.

_____ I annually devote the amount of practice of a full-time practice to workers' compensation law, as defined in the Standards for Certification for Lawyers Specializing in Workers' Compensation Law.

_____ I agree to advise the Board of Workers' Compensation 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 any formal reprimand in which the disciplinary record was public. Further, if any formal matters are pending against me, or any develop, I will advise the Board.

_____ 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 Workers' Compensation 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.

Print Name: _____

_____ I authorize the Board of Workers' Compensation 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.

_____ I release, discharge and exonerate the State Bar of Nevada, Nevada Justice Association the officers, directors, staff, agents, employees and representatives, and any person furnishing information and evaluations to the Board of Workers' Compensation 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 authorize the Board of Workers' Compensation Legal Specialization to release my application, if requested, to a professional attorney organization to which I have applied for membership, or to which I am being nominated for membership. I understand the Board will not release the peer review forms, investigation, or work product thereof.

_____ I certify that if I receive the certificate of specialization that I will be bound by the following Standards of Civility:

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Print Name: _____

OATH

I DO SOLEMNLY SWEAR:

I will maintain the respect due to court of justice and judicial officers:

I will not counsel or maintain any suit or proceeding which shall appear to me to be unjust, nor any defense except such as I believe to be honestly debatable under the law of the land;

I will employ, for the purpose of maintaining the causes confided in me such means only as are consistent with trust and honor, and will never seek to mislead the judge or jury by any artifice or false statements of fact or law;

I will maintain the confidence and preserve inviolate the secrets of my clients, and will accept no compensation in connection with business except from them or with their knowledge and approval;

To opposing parties and their counsel, I pledge fairness, integrity, and civility, not only in court, but also in all written and oral communications;

I will abstain from all offensive personality and advance no fact prejudicial to the honor or reputation of a party or witness, unless required by the justice of the cause with which I am charged. I DO PROMISE AND COMMIT.

I further 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 Nevada.

Signature of Application

Print Name

Date

Print Name: _____

Nevada Workers' Compensation Specialization
Testing Date Agreement

I, _____ hereby agree that I can attend both testing dates: November 1, 2019 and November 15, 2019. If I cannot attend both testing dates, I understand that I will not pass the exam and I will forfeit any application fee in the workers' compensation specialization examination process.

Signature

Date

