

**BACKGROUND INFORMATION
FOR EACH MEMBER OF THE GOVERNING BOARD, EVALUATION
COMMITTEE AND STAFF**

To be attached to

APPLICATION FOR ACCREDITATION AND REACCREDITATION

A. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Date of Birth: _____

Attorney If an attorney, give the first year admitted to practice _____

Non-Attorney If a non-attorney, what qualifies this individual to establish and monitor the standards of certification of your organization?

B. Does this person have extensive practice or involvement in the area of specialty for which this application is being made? Yes No

C. Is this person a certified specialist in the field of law covered by the area of proposed specialization? Yes No

If yes, what is the name of the certifying agency and date of certification?

Name: _____ Date: _____

D. If the answer to (c) is yes, how has this expertise been determined and verified?