



THE AMERICAN BOARD OF CERTIFICATION  
**APPLICATION FOR RECERTIFICATION AS A  
CREDITORS' RIGHTS LAW SPECIALIST**

66 Canal Center Plaza, Suite 600  
Alexandria, VA 22314

Phone (319) 365-2222 Toll Free (877) 365-2221  
Fax (319) 363-0127  
**www.abcworld.org**

**Date Due: June 30th**

**Please do not fax this Application. Additional copies and electronic files of the Appendices may be found at  
[www.abcworld.org/downloads](http://www.abcworld.org/downloads).**

Date of this Application \_\_\_\_\_

**INTRODUCTION**

This application is for use by an attorney applying for recertification by The American Board of Certification (ABC) as a creditors' rights specialist. An applicant seeking such certification must meet and continue to satisfy the requirements for certification presently and hereinafter promulgated by ABC.

It is the applicant's responsibility to complete this application clearly and, in its entirety, comply with all of its instructions, and provide all supporting documents. The ABC's Standards Committee meets quarterly to consider applications and may reject applications that are not legible or not completed on the form. Please **TYPE** all required information on this application. The application fee is non-refundable.

**I. GENERAL INFORMATION**

Name \_\_\_\_\_ Social Security Number N/A

Firm Name \_\_\_\_\_

Office Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Office Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (if any) (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Optional** (for statistical purposes only)

How many attorneys work at your firm? \_\_\_\_\_ How many in the bankruptcy department? \_\_\_\_\_

**II. STATES OF LICENSURE / CERTIFICATION**

A. List all states in which you are licensed or have been licensed to practice law:

| <u>State</u> | <u>Bar Card No.</u> | <u>Date of Licensure</u> |
|--------------|---------------------|--------------------------|
| _____        | _____               | _____                    |
| _____        | _____               | _____                    |
| _____        | _____               | _____                    |
| _____        | _____               | _____                    |
| _____        | _____               | _____                    |
| _____        | _____               | _____                    |
| _____        | _____               | _____                    |

B. Applicant is a member in good standing of the State Bar of all states in which the applicant is licensed to practice (or was a member in good standing at the time any license may have been voluntarily surrendered) and is an active member of the Bar in at least one of said states.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

C. List any legal certifications you may have previously obtained:

| <u>Certifying Entity</u> | <u>Specialty</u> | <u>Date of Certification</u> |
|--------------------------|------------------|------------------------------|
| _____                    | _____            | _____                        |
| _____                    | _____            | _____                        |

D. If you have been denied certification by any certifying entity, please list the certifying entity, type of certification, dates, and reasons given for denial. \* (Attach additional pages if necessary.)

| <u>Certifying Entity</u> | <u>Specialty</u> | <u>Date of Certification</u> | <u>Reason(s) for Denial</u> |
|--------------------------|------------------|------------------------------|-----------------------------|
| _____                    | _____            | _____                        | _____                       |
| _____                    | _____            | _____                        | _____                       |

**III. EDUCATION / EMPLOYMENT HISTORY**

A. **Colleges or Law Schools attended:**\* (Attach additional pages if necessary.)

| <u>Name of College/Law School</u> | <u>From</u> | <u>To</u> | <u>Degree</u> |
|-----------------------------------|-------------|-----------|---------------|
| _____                             | _____       | _____     | _____         |
| _____                             | _____       | _____     | _____         |
| _____                             | _____       | _____     | _____         |

**B. Legal Employment.** List all places of legal employment during the last 5 years: (Attach additional pages if necessary.)

a) \_\_\_\_\_  
 Firm or Employer From-Month/Year To-Month/Year

\_\_\_\_\_

Address City/State/Zip

\_\_\_\_\_

Title (e.g. partner, associate or other) Immediate Supervisor

b) \_\_\_\_\_  
 Firm or Employer From-Month/Year To-Month/Year

\_\_\_\_\_

Address City/State/Zip

\_\_\_\_\_

Title (e.g. partner, associate or other) Immediate Supervisor

c) \_\_\_\_\_  
 Firm or Employer From-Month/Year To-Month/Year

\_\_\_\_\_

Address City/State/Zip

\_\_\_\_\_

Title (e.g. partner, associate or other) Immediate Supervisor

**IV. SUBSTANTIAL INVOLVEMENT IN CREDITORS' RIGHTS LAW**

**WAIVERS**

The requirements of this section are waived for any person who has served as a full time active judge for three years at any time during the last five years. If you qualify for this waiver, please provide the following information about your service as a judge. You may disregard the remainder of Section IV.

\_\_\_\_\_

Jurisdiction Dates of Service

\_\_\_\_\_

Address City/State/Zip

The requirements of sections IV.A. and IV.B. are waived for any person who has served as a full-time professor of law at an ABA accredited law school and has taught at least one bankruptcy or creditors' rights law course during each of the last five years. If you qualify for this waiver, please provide the following information about your service as a law professor. You must still satisfy the requirements of section IV.C.

\_\_\_\_\_

Law School Position Held and Dates

\_\_\_\_\_

Address City/State/Zip

- A. Applicant has been engaged in the actual practice of law on a full-time basis for the last 5 years.  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- B. Applicant has devoted a minimum of 30% of his/her practice time to creditors' rights-related legal matters during each of the last 3 years.  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- C. Applicant has devoted at least 400 hours of his/her practice time to creditors' rights-related legal matters during each of the last 3 years.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**V. CONTINUING LEGAL EDUCATION**

Applicants are required to demonstrate participation in a minimum of **60 hours** of continuing legal education in creditors' rights law within the thirty-six months prior to the date of this application. A copy of Appendix D can be downloaded from our website at [www.abcworld.org/downloads](http://www.abcworld.org/downloads). Please provide this information in Appendix D. A minimum of **30 hours** must be in physical attendance.

**VI. GRIEVANCE MATTERS**

- A. Have you been disbarred, suspended, reprimanded or otherwise disciplined by the state bar of any state, by a state or federal court, or by any other entity which has authority over attorney discipline? If yes, give full details and attach all written evidence of dismissal or other disposition on an attachment to this application.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

- B. Have you been the subject of any of the following matters, or are any of these matters **currently pending** against you: (1) a disciplinary law suit or action; (2) a complaint or inquiry with a grievance committee of any bar association or with the designated disciplinary entity of any state; (3) a finding or admission of legal malpractice; (4) a criminal indictment or information for a felony crime? If yes, give full details and attach all written evidence of dismissal or other disposition on an attachment to this application.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

- C. Have you been convicted, given probation or fined for a felony crime? If yes, give full details and attach all relevant documentation on an attachment to this application. Please answer “yes” regardless of: (1) whether the conviction resulted from a plea of guilty or nolo contendere; (2) whether the conviction resulted from a verdict after trial or otherwise; or (3) whether an appeal is currently pending.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**Verification of Grievance History**

A component of the application for certification/recertification requires that you must request a report on your grievance history from the current (and all prior, if any) state/local bar or grievance committee of all jurisdictions for which you hold a license. The report should include any disciplinary complaints, whether pending or resolved, and their resolution. Please send the letter that appears as Appendix E of this application to your state/local bar(s) or appropriate entity requesting that they send such documentation to The American Board of Certification. A copy of the letter(s) you sent to your state/local bar or grievance committee must be included with this application upon submission to The American Board of Certification.

**NOTE: Failure to enclose all required documentation respecting the above will delay processing of this application.**

**VII. REFERENCES**

Name nine (9) attorneys (four (4) attorneys familiar with the applicant’s practice and five (5) other attorneys against whom the applicant has handled a creditors’ rights matter), who may be contacted by ABC and who can attest to the applicant’s competence in creditors’ rights law. None of the persons submitting references may be related to the applicant by blood, marriage, or civil union, a current partner or current associate of the applicant, a current member of the ABC Board, or a judge.

Four attorneys who are familiar with the applicant’s practice:

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Office Telephone  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Address City/State/Zip  
\_\_\_\_\_  
Email address
  
2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Office Telephone  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Address City/State/Zip  
\_\_\_\_\_  
Email address
  
3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Office Telephone  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Address City/State/Zip  
\_\_\_\_\_  
Email address
  
4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Office Telephone  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Address City/State/Zip  
\_\_\_\_\_  
Email address

Five attorneys **AGAINST** whom the applicant has handled a creditors’ rights law matter within the last three (3) years:

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Office Telephone  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Address City/State/Zip  
\_\_\_\_\_  
Email address

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Office Telephone  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Address City/State/Zip  
\_\_\_\_\_  
Email address

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Office Telephone  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Address City/State/Zip  
\_\_\_\_\_  
Email address

4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Office Telephone  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Address City/State/Zip  
\_\_\_\_\_  
Email address

5. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Office Telephone  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Address City/State/Zip  
\_\_\_\_\_  
Email address

## VIII. COVENANTS AND REPRESENTATIONS

- A. I have read the ABC Rules and Regulations, and I certify that I am fully qualified for certification and I know of no reason why I am not entitled to certification.
- B. I agree that I shall surrender any specialization certificate held by me upon revocation by ABC, resignation or failure for any reason to recertify. I agree that in the event my certification is suspended or revoked, or I am not recertified, I shall cease to hold myself out in any way as certified by ABC and will remove my certificate from public display.
- C. I agree to supply all relevant documents, records, or other information that may be requested from me in the investigation of this application.
- D. In making and filing this application, I authorize all persons, firms, officers, corporations, associations, educational institutions, organizations, state or federal agencies and instrumentalities (including bar associations, bar examiners, and boards of professional responsibility), employers, references, business and professional associates (past and present) to furnish to ABC, or any of its authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application, specifically including the records of grievances in possession of a grievance committee or any bar association. I specifically waive any right to review any confidential statement of reference or other evaluations and references made to ABC. I agree that upon its submission to ABC, this application shall become and remain the property of ABC, and that pursuant to the Records Management Policy of the ABC, the official record of this application shall be maintained solely in digital media.
- E. I release, discharge and exonerate ABC, its officers, directors, staff, agents, employees and representatives, and any person furnishing information or evaluations to ABC, from any and all liability of every nature and kind arising from the investigation and evaluation of my application or my continuing satisfaction of the standards for certification. I agree to defend or pay the costs of defense, at the discretion of ABC, for any suit or claim initiated, and to indemnify ABC for any judgment or settlement ordered or paid as a result of any legal action arising from my application or from my certification by ABC.
- F. I agree to be bound by the Rules and Regulations of the Board as they may be modified from time to time and agree that the laws of the Commonwealth of Virginia (excluding choice of law rules) shall govern both this application and any dispute between me and the Board, its officers, directors, employees, or volunteers and I agree to pay all fees required by ABC as due. I further agree that the State and Federal Courts of Virginia shall have exclusive jurisdiction over any controversy, claim, dispute or legal action arising from my application, my certification by ABC, or any actions that may be taken by ABC, its officers, directors, employees or volunteers.
- G. I hereby certify that I have reviewed each part of my application carefully and made each statement and representation therein, and answered each question therein, fully and frankly and without concealment or reservation. Such questions and answers are within my personal knowledge, true and complete.
- H. I certify that I substantially participated in the bankruptcy matters pursuant to Section IV of this application and the matters listed in Appendix A or B.
- I. I certify that I actually attended the continuing legal education seminars listed in Appendix D and/or its attachments and supplements.



STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, being duly sworn, do hereby state under penalty of perjury that (i) I have read and prepared the foregoing Application for Certification and attached Appendices, and have made or approved all statements, representations and covenants therein or in connection therewith and have answered each question therein fully and frankly and without concealment or reservation, and such answers are true and complete; (ii) I understand that ABC will rely upon such statements, representations and answers in making its decision regarding my certification; (iii) I will read all other materials submitted to me from ABC at any time, (iv) I will make each statement and representation and answer each question contained in all of the materials submitted at any time fully and frankly and without concealment or reservation, and such statements, representations and answers will be within my personal knowledge and will be true and complete; and (v) I agree to be bound by the Application, all statements, representations and covenants therein, all related materials, the Rules and Regulations of ABC.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Printed Name of Notary: \_\_\_\_\_

Commission Expiration \_\_\_\_\_

**Application Checklist**

Please make sure that the following items are included with your application:

- Proper Notarization and Date.
- Legible List of References.
- List of CLE completed on Appendix D (NOT a list provided by state bar or copies of certificates).
- Copy of letter(s) sent to state/local bar(s) requesting documentation of grievance history (see Appendix E).
- Due no later than **June 30<sup>th</sup>**

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