

The State Bar of California Department of Legal Specialization 180 Howard Street - San Francisco, CA 94105-1639 (415) 538-2120 · legalspec@calbar.ca.gov

\$:	REC'D BY:
APPL#	
Provider #	

LEGAL SPECIALIST EDUCATION ACTIVITY APPLICATION

Include one copy of the application and all the attachments.

Include the \$75 non-refundable filing fee.

FOR OFFICIAL USE ONLY	

					FC	K OF	FICIAL	USE CINL 1	
1) CONTACT INFORMATION —									
Contact Name:									
Provider Name:									
Provider Address:									
City:	State:	Zip:	+		Provide	er #: _			
Web-site:					Phone:	()	-	
E-mail:					Fax:	()	-	
2) SPECIALTY AREA									
☐ Admiralty & Maritime Law☐ Estate Planning, Trust and Pro☐ Immigration & Nationality Law	bate Law		 Family	uptcy L		Fra		aw & Distribution Compensation	
3) ACTIVITY									
Activity Title:									
Date and Time of Activity:									
Number of Hours of Credit Reques	sted: (Us	se the Activi	y Content	Attachr	ment to	specif	/ categ	ory(ies) of cr	edit.)
Is this an application for renewal?	Yes	No	If '	Yes', pr	ogram ı	numbe	er:		
Are you requesting approval for a	udio/video tapes of	this activity	? Ye	es 🗌	N	o 🗌			
If you answered 'Yes' and the entitaped and how long each segmen		ng taped, ple ional Sheet		n a shee	et detaili	ng wh	ich por	tions are beir	ng
Does this activity have substantive	written materials?	Yes	No	o 🗌	If yes,	how m	nany pa	ages?	
If this activity is over one hour in I	ength it MUST be a	accompanie	d by subst	antive v	written n	nateria	ls to qu	ualify for cred	lit.
Promotional Materials									
Attach promotional material or a	an outline/descripti	on of the ac	tivity, inclu	ding fac	culty and	d cred	entials		

ATTESTATION —	
Read, sign, and date below. Your signature	MUST be original.
I agree to comply with Section 7.0, Approval of Program for Certifying Legal Specialists.	of Education Programs, of the Rules Governing the State Bar of California
	or legal specialization educational credit shall meet the criteria for f the Rules Governing the State Bar of California Program for Certifying
	(6) years from the date of each educational offering. Information regarding egal Specialization (BLS) upon request by the BLS or the attendee.
I declare under penalty of perjury under the la are true and correct.	ws of the State of California that the foregoing answers and statements
Name:	Signature
Title:	Date:
5) SUBMISSION CHECKLIST	
☐ Include the appropriate Activity Conten	t attachment for your activity and any required enclosures.
☐ Enclose \$75 application fee. Make che	cks payable to 'The State Bar of California.'
☐ Attach one copy of the application and	all its attachments to this original.
MAIL TO:	The State Bar of California Legal Specialization-Provider Approval 180 Howard Street San Francisco, CA 94105-1639



The State Bar of California **Department of Legal Specialization** 180 Howard Street - San Francisco, CA 94105-1639 (415) 538-2120 · legalspec@calbar.ca.gov

LEGAL SPECIALIST EDUCATION ACTIVITY Legal Malpractice Law Activity Content Attachment

1) ACTIVITY INFORMATION —		
Provider Name:		Date:
Title of Activity:		Time:
2) ACTIVITY CONTENT		
This section MUST be completed or the application categories:	WILL NOT be processed. Legal Malpractice Law education	ational content must fall into the following
(A) Professional Responsibility	Total Minutes of Course divided by 6	0 and rounded to nearest quarter hour =
(B) Legal Analysis and Reasoning	Total Minutes of Oodise divided by o	(Example: 0.25, 0.5, 0.75, 1 hour)
(C) Damages		
(D) Motions		
(E) Litigation and Alternative Dispute Resolution Processing (E)	roceedings	
(F) Insurance		SAMPLE

Date	Time	Α	В	C
12/01/07	9:00-4:00	1.0	2.5	2.0
Total Hours R	equested			

STOP