

## **Board of Legal Specialization Proposed New Specialty Application**

Applicant Information: ————————————————————————————————————		
Name of Applicant or Organization:		
Are you currently certified in a specialty area?: Yes	No 🗌	
If yes, specialty area: En	ntity Certifying Specialty	Area:
Address of Applicant or Organization:		
City:	State:	Zip: +
Phone Number: ( ) - Fax Number: (	) -	E-mail:
Contact Person:	Signature:	
New Specialty Information:		
Attach additional sheets if necessary.		
Area of law/specialty field:		
Definition of the proposed specialty:		
3. Does the State Bar, other bar or professional organization have a practice section or committee in this specialty field?		
4. Describe the perceived need:		
5. Describe the potential value:		
6. Describe the substantive feasibility:		
7. Describe the degree of interest and support:		
8. Describe the practical viability:		
9. Other information on the proposed area of law/specialty	field:	