



The State Bar of California
Department of Legal Specialization
180 Howard Street · San Francisco, CA 94105-1617
(415) 538-2120 · legalspec@calbar.ca.gov

This application must be submitted with an MCLE Multiple Activity Provider Application, which can be requested from the Department of Legal Specialization (415-538-2120).

LEGAL SPECIALIST EDUCATION ACTIVITY

Legal Specialist Education Multiple Activity Provider (MAP) Application Add-On

1) CONTACT INFORMATION

Contact Name: _____

Provider Name: _____ Provider Number: _____

Provider Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

2) SPECIALTY AREA

Check one specialty area below.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Admiralty & Maritime Law | <input type="checkbox"/> Estate Planning, Trust & Probate Law | <input type="checkbox"/> Legal Malpractice Law |
| <input type="checkbox"/> Appellate Law | <input type="checkbox"/> Family Law | <input type="checkbox"/> Taxation Law |
| <input type="checkbox"/> Bankruptcy Law | <input type="checkbox"/> Franchise & Distribution Law | <input type="checkbox"/> Workers' Compensation Law |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Immigration & Nationality Law | |

**Submit a separate Legal Specialist Education MAP Application Add-On for each specialty area.*

3) ATTESTATION

Read, sign, and date below. Your signature MUST be original. Copies will not be accepted.

I agree to comply with Rule 3.114(C), Title 3, Division 2, Chapter 2 of the Rules Governing the State Bar of California Program for Certifying Legal Specialists.

I agree that all educational activities offered for legal specialization educational credit shall meet the criteria for educational activities according to Rule 3.114(C), Title 3, Division 2, Chapter 2 of the Rules Governing the State Bar of California Program for Certifying Legal Specialists. I agree to keep a record of attendance for six years from the date of each educational offering. Information regarding attendance will be furnished to the Board of Legal Specialization (BLS) upon request by the BLS or the attendee.

I declare under penalty of perjury under the laws of the State of California that the foregoing answers and statements are true and correct.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

4) SUBMISSION CHECKLIST

If you are a provider in more than one specialty area, you must submit a separate application for EACH specialty area in which certification is being sought.

- This application add-on must be dated and have an original signature.
- Attach your approval letters for four legal specialist activities which have occurred in the last two years.
- Submit original with a complete MCLE Multiple Activity Provider Application and corresponding \$360 application fee.
- Enclose additional \$90 Legal Specialist Education MAP Application Add-On fee.
 - Make checks payable to the State Bar of California or fill out the enclosed credit card authorization form.

MAIL TO: The State Bar of California, MCLE Provider Certification, 180 Howard Street, San Francisco, CA 94105-1617

LSCLE-MAP Application Add-On 041818



**THE STATE BAR OF CALIFORNIA
DEPARTMENT OF LEGAL SPECIALIZATION**

180 Howard Street · San Francisco, CA 94105-1617 · (415)538-2120

**Legal Specialist Education Provider Certification
Credit Card Authorization Form**

Date: _____

I authorize the State Bar of California to charge my credit card for \$ _____*

Please check which fee you are paying:

- Legal Specialist Education Multiple Activity Provider Application Add-On
- Legal Specialist Education Multiple Activity Provider Renewal Add-On

This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to Legal Specialist Education Provider Certification. **Please print legibly.**

**For credit card payments, a processing fee of 2.25% will be added to all charges. There is no processing fee associated with payments by check.*

Credit Card Number: _____

Credit Card Security Code: _____ Expiration Date (Month/Year): _____

Credit Card Type: Visa MasterCard Discover American Express

Name on Card: _____

Address: _____

City, State, Zip: _____

Signature of Card Holder: _____

Name of Provider: _____

E-Mail: _____

Telephone: _____

By my signature on this document, I/we hereby authorize The State Bar of California to charge my/our Visa, MasterCard, Discover, or American Express account for the amount listed above plus applicable credit card processing fees.

Please submit to: The State Bar of California
 MCLE Provider Certification
 180 Howard Street
 San Francisco, CA 94105-1617