

Due:

SPECIALTY CERTIFICATION RECERTIFICATION APPLICATION
TEXAS CIVIL LITIGATION
PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS

Office Address (on file):

Name/Designation

Firm/Employer

Address

City State Zip

Office Phone: _____

Fax Number: _____

E-mail: _____

Home Address (on file):

Home Phone: _____

Home E-mail: _____

Print or type corrections below:

Name/Designation

Firm/Employer

Address

City State Zip

Office Phone: _____

Fax Number: _____

E-mail: _____

Failure to complete and return this application in a timely manner will result in the placement of your specialty certification in a non-current status.

_____ I DO **NOT** WISH TO RECERTIFY.
(Please return only this page to the Director of Recertification.)

Remaining 10 Hours

Section C - General Legal Seminars/Programs Attended

<i>Date</i>	<i>Hours</i>	<i>Session Title</i>	<i>Sponsoring Organization</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section D - General Education (i.e. Professional Development, Leadership, Software, etc.)

<i>Date</i>	<i>Hours</i>	<i>Session Title</i>	<i>Sponsoring Organization</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing this recertification application, I hereby certify that the information contained herein is true and correct.

Signature of Applicant

SUBSCRIBED and SWORN TO before me on the _____ day of _____, 20____.

Notary Public in and for the State of Texas