



REGISTRATION OF ATTORNEY SPECIALTY

FORM: RPC 7.4(d)(3)

State Bar of Nevada
600 E. Charleston Blvd.
Las Vegas, NV 89104-1563
Phone: (702) 382-2200 Toll Free (800) 254-2797
Fax: (702) 385-2878

DATE SUBMITTED: _____

SUBMITTED BY:

Attorney name Bar number

Firm name

Address

Phone number E-mail

1. Specialty registered:

List as you will be *advertising* your specialty

- Proof of certification attached i.e. copy of certificate indicating expiration date
- **Certification issued by:** _____
Name of approved organization that certified you
- **This certification was first issued** _____ **and is valid through** _____.
Date Date

2. Are you registering more than one specialty? Yes No

You must attach a **completed** copy of this form, with the exception of #3 (fee) for **each** additional specialty (up to three total). There is only (1) fee if you register multiple specialties at this time or at annual renewal. Additional specialties added at another time will be assessed a one-time \$50 processing fee.

3. Process my \$250 registration fee by: Check (enclosed) Credit Card

Please charge my Visa MasterCard Discover American Express

Name as it appears on card

Credit Card Number Expiration Date

4. Attestation

By signing and submitting this form, the undersigned attests to compliance with each of the following (INITIAL each item):

_____ I have verified that the organization which certifies my specialty as designated in item #2 herein is currently ABA Certified, or, approved by the State Bar of Nevada Board of Governors.

_____ I have devoted at least one-third of my practice to the specialty designated in item #1 herein for the past two (2) years.

_____ I have completed ten (10) hours of continuing legal education in the area of my designated specialty in the past year as follows:

- Proof of attendance attached OR
- List courses below:

_____ **Professional liability insurance verification- Complete one of the following as it applies to you:**

_____ I currently carry at least \$500,000 in professional liability insurance.

- Proof of my coverage is attached.** (Required. RPC 7.4(d)(2)(iii).)

_____ I am exempt from liability coverage under RPC 7.4 because I practice *exclusively* public law.

_____ I am concurrently filing a copy of this form and its attachments with the Mandatory Board of Continuing Legal Education, 457 Court Street, Reno, NV 89501. (Required. RPC 7.4(d)(2)(iv).)

ORIGINAL SIGNATURE OF ATTORNEY REGISTERING SPECIALTY

I have personally read this form and attest to the accuracy of the information contained therein. Please do not fax this application as an original signature is needed.

Dated this _____ day of _____, _____.

Print Name

Sign Name

Please submit an original application.
If you have questions please call Member Services, 702-382-2200.