REGISTRATION/RENEWAL OF ATTORNEY SPECIALTY

FORM: RPC 7.4(d)(3)(i)
State Bar of Nevada
3100 W. Charleston Blvd., Suite 100
Las Vegas, NV 89102
Phone: (702) 382-2200 Toll Free (800) 254-2797

DATE SUBMITTED: __________________

SUBMITTED BY: __________________________________________
(Assign name) __________________________________________
(Bar number) __________________________________________
(Firm name) __________________________________________
(Address) __________________________________________
(Phone number) __________________________________________
(E-mail) __________________________________________

1. Specialty registered: ______________________________________
   □ Proof of certification attached.
   • 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.

3. Process my $250 renewal fee by: □ Check (enclosed)
   Please mail original application with payment to:

   State Bar of Nevada
   3100 W. Charleston Blvd., Suite 100
   Las Vegas, NV 89102
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 each designated specialty in the past year as listed below.

***Compliance reports will not be accepted***.

List course name(s) and number of credits for each 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 and will maintain this insurance throughout my specialist registration.

□ 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 Nevada Board of Continuing Legal Education, 457 Court Street, Reno, NV 89501. (Required. RPC 7.4(d)(2)(iv).

SIGNATURE OF ATTORNEY REGISTERING SPECIALTY:

I have personally read this form and attest to the accuracy of the information contained therein.

Dated this __________ day of ________________________, ____________.

______________________________________________________________
(Print Name)

______________________________________________________________
(Sign Name)