



# 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  
Fax: (702) 385-2878

**DATE SUBMITTED:** \_\_\_\_\_

**SUBMITTED BY:** \_\_\_\_\_

\_\_\_\_\_  
(Attorney 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 my designated specialty **in the past year** as follows: (compliance reports will not be accepted).

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 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. Please do not fax this application as an original signature is needed.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Sign Name)

**If you have questions, please contact Mary at 702-317-1424 or maryj@nvbar.org.**