



REGISTRATION/RENEWAL OF ATTORNEY SPECIALTY

FORM: RPC 7.4(d)(3)(i)

State Bar of Nevada
3100 W. Charleston Blvd., Ste. 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:

(List as you will be *advertising* your specialty)

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. Please staple forms together.

3. Process my \$250 renewal fee by: Check (enclosed)

Please mail original application with payment to:

**State Bar of Nevada
3100 W. Charleston Blvd., Ste. 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:

- 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. SCR 198(3)(b)(iii).)

_____ I am exempt from liability coverage under Rule 198 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. SCR 198(3)(b)(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 call Mary Jorgensen at 702-317-1424.