

SUPERVISED PRACTICE PORTFOLIO EXAMINATION
(SPPE)

EMPLOYER APPLICATION

In November 2023, the Oregon Supreme Court approved the **Supervised Practice Portfolio Examination (SPPE)** as a new model of examination for admission to the Oregon State Bar (OSB). Individuals seeking licensure through the SPPE program (SPPE Applicants) can demonstrate their competence to practice law by working under the supervision of an approved Supervising Attorney for a period of time and submitting a portfolio of legal work to the Board of Bar Examiners. **To participate in the program, both the Employer and the Supervising Attorney must submit separate applications.**

To apply to be an approved Employer, an authorized representative of the Employer must complete this Employer Application, save it as a PDF, and use [the online submission form](#) to submit the application to OSB's Regulatory Counsel's Office. If this application indicates that you must submit additional documentation, please also submit the additional documents through the online submission form.

The separate [Supervising Attorney Application](#) can be submitted [at this link](#).

Once OSB's Regulatory Counsel's Office reviews and approves the applications for **both** the Supervising Attorney and the Employer, it will send a link to the SPPE Applicant to apply for the program.

Section 1 – Identification of SPPE Participants

SPPE Applicant Identification	
<i>The person seeking bar licensure through the SPPE program.</i>	
First Name	Last Name
Applicant's Email Address	Applicant's Phone #
Address of Physical Office from Which SPPE Applicant Will Primarily Work	

Employer Identification		
<i>The Employer of the SPPE Applicant and the Supervising Attorney.</i>		
Employer's Name		
Employer's Oregon Mailing Address	Physical Address of Employer's Primary Office or HQ	
Employer's Website	Employer's Phone #	Employer's Email Address
Organization Type		Other States in which Employer Operates
Business	Law Firm	Gov.
Non-profit		
Employer Representative's Full Name*		Employer Representative's Title
Employer Representative's Email Address		Employer Representative's Phone #
* Employer Representative is the individual completing and signing this form on behalf of the Employer.		

Supervising Attorney Identification		
<i>Attorney with responsibility for supervising the SPPE Applicant.</i>		
<i>That attorney must also complete the Supervising Attorney Application Form.</i>		
Name of Supervising Attorney		Supervising Attorney's Job Title
Supervising Att'y OSB No.**	Super. Atty's Phone #	Supervising Attorney's Email
**If not an OSB member, but a Federal Judge, please type "Federal Judge" in the box requesting the OSB No.		
Supervising Attorney's Work Address		

Section 2 – Employer Qualifications Confirmed

Employer's Representations	Employer Representative's Initials
Employer is authorized to practice law, do business, or otherwise operate within the State of Oregon.	
Employer regularly practices law, does business, regulates, or otherwise operates within the State of Oregon.	
Employer employs an attorney who is qualified to serve as a Supervising Attorney for the Applicant, and who has agreed to assume that role.	

Section 3 – Employer Compliance with SPPE Program Requirements

Employer Representations	Employer Representative's Initials
Employer agrees to provide Professional Liability Coverage for the SPPE Applicant (or obtain a waiver of that requirement) to the same extent as Employer does for any other new lawyer.	
Employer agrees to provide the SPPE Applicant appropriate workspace, tools, and technology to accomplish the tasks assigned by the Supervising Attorney.	
Employer agrees to include the SPPE Applicant in any training programs or other educational activities provided to other new lawyers working for the Employer.	
Employer agrees to arrange the SPPE Applicant's schedule and workload to give the SPPE Applicant sufficient time to complete portions of the Program that do not benefit the Employer directly.	
Employer agrees to comply with all federal, state, and local employment laws as they apply to the SPPE Applicant.	
Please initial one of the following three options to indicate your agreement:	
<p>Opt. 1: Employer agrees to employ the SPPE Applicant for at least 20 hours of paid work per week while the SPPE Applicant is employed by the Employer; and</p> <p> Employer agrees to compensate the SPPE Applicant for time spent in training programs or other educational activities to the same extent that other new lawyers are compensated for that time; and</p> <p> Employer agrees to provide the SPPE Applicant at least the salary and benefits provided to other recent law graduates.</p>	
<p>Opt. 2: The SPPE Applicant will only volunteer pro-bono services to the Employer's clients (but not to the Employer themselves), and the Employer will not bill clients for that work.</p>	
<p>Opt. 3: The SPPE Applicant will be paid through a grant or stipend while working for the Employer.</p>	

Section 4 – SPPE Applicant’s Position with Employer ***

In the box below, please provide a brief job description of the SPPE Applicant’s position with Employer. In the alternative, please attach a job description to this application and submit it with the application.

*** Please note that this application may be considered a public record subject to a public records request by third parties. Please refrain, therefore, from using client names, referring to specific cases, or disclosing other confidential information. The Oregon State Bar cannot make any assurances as to its exemption from such public records requests.

Section 5 – Employer’s Declaration:

On behalf of _____ (Employer)

I, _____, hereby declare and affirm that:

1. Employer has reviewed the qualifications and requirements of employers in the Rules for the Supervised Practice Portfolio Examination (SPPE) Program approved by the Supreme Court of the State of Oregon, and Employer understands the obligations stated therein as they relate to Employer;
2. Employer confirms that it meets the qualifications to employ an SPPE Applicant in the SPPE Program and has the ability to maintain those qualifications throughout the SPPE Applicant’s employment;
3. Employer confirms that all the information provided in this application is complete, true, and accurate;
4. Employer agrees to provide any further information reasonably requested to confirm that the representations contained herein are complete, true, and accurate;
5. Employer hereby authorizes the Supreme Court of the State of Oregon and the Oregon State Bar, or their agents or authorized representatives, to make any reasonable investigation confirming that the information contained herein is complete, true, and accurate, and to disclose information about the Employer as may be necessary to conduct such an investigation;
6. Employer hereby releases, discharges, and exonerates the Oregon State Bar, their members, or their agents and representatives from any and all liability of every nature and kind arising from the processing or investigation of this application;
7. Employer understands that any document, record, or other information furnished to the Oregon State Bar in connection with this application may not be privileged or confidential and might be disclosed to third parties without Employer’s prior consent;
8. Employer understands that this application and all materials in the Employer’s application file are and shall remain the property of the Oregon State Bar;
9. Employer realizes that the determination of whether the Applicant will be allowed to participate in the SPPE Program depends in part on the truth and completeness of Employer’s answers in this application and the information furnished with it; and
10. Employer acknowledges that the Applicant is not authorized to provide legal services as an SPPE Applicant unless and until the SPPE Applicant receives a Provisional License from Regulatory Counsel’s Office.

Employer hereby declares that the above statements are true, complete, and accurate to the best of Employer’s knowledge and belief, and Employer understands that any false statement contained herein may result in the denial of the SPPE Applicant’s participation in the SPPE Program.

The Employer Representative signing this document understands that by signing and submitting this Employer Application to the Oregon State Bar, they are asserting that they have the authority to complete this Employer Application, speak for the Employer, and bind the Employer to the answers, statements, declarations, and affirmations provided by the Employer Representative in this Application.

Sign: _____ Date: _____
Sign above to affirm the above statements and then Provide Name and Title Below

Print Name

Job Title of Employer Representative