

Application For DUI Defense Law Board Certification National College for DUI Defense, Inc.

October 16, 2007

Dear Applicant:

Thank you for applying to become Board Certified in the area of DUI Defense Law. The National College for DUI Defense, Inc. (NCDD) is presently the only organization accredited by the American Bar Association (ABA) in this specialty field. ABA accreditation is currently recognized in over 20 states, and that list continues to grow.

While you may find the application process a bit tedious, it is necessary to obtain a lot of information to ensure that only those lawyers who have demonstrated among other qualifications, both exceptional experience and exceptional knowledge in the area of DUI Defense Law become Board Certified.

Before completing your application, it is strongly recommended that you *carefully* review the Rules Governing Board Certification by the National College for DUI Defense, Inc. The most recent rules may be found online at www.ncdd.com. Follow the appropriate links to certification and the Rules Governing Board Certification.

Should you have any questions regarding the completion of your application, please contact the Executive Director of the NCDD, Ms. Rhea Kirk at:

445 South Decatur Street
Montgomery, Alabama 36104
(334) 264-1950
Email Address: rhea@ncdd.com

Once you have completed the application, you should mail your application, together with the fees, to Ms. Kirk at the address noted above. Please keep a copy of your application so that you may refer to it in the event we have questions once the application is received by the Committee.

It is also important to notify the NCDD of any changes in your contact information while your application remains pending.

Please note that before an applicant becomes Board Certified, the applicant must meet all prerequisites for Board Certification as defined in the rules. This includes, but is not limited to, complying with the requisite litigation experience, passing the examination, obtaining the requisite number of positive references, and finally, approval as a Board Certified lawyer by the NCDD Board of Regents.

Under our current rules, you may take the Certification Examination prior to meeting the other prerequisites, but you will not become certified until *all* prerequisites have been met. Please set aside sufficient time to study and otherwise prepare for the Certification Examination. There is a link on the NCDD web site with suggested reading materials to assist you in preparing for the exam. There will also be instructions and recommendations in writing the answers for the examination that will be contained in materials which will be sent to you at a later date.

Again, thank you for taking the first step to become Board Certified. Achieving Board Certification is a true honor which is held by only a tiny percentage of lawyers in the nation. As of 2007, only 40 lawyers in the nation hold this distinction. Reaching this high threshold of experience and standard of practice provides not only self-satisfaction, but may assist you in distinguishing yourself from the many lawyers who claim expertise in this area of law.

I look forward to adding you to the list of board certified lawyers. With kindest regards, I remain

Very truly yours,

Steven Oberman
Chairman, Certification Committee

SO/kd

Please mail the completed application, along with your application fees to:

Certification Evaluation Committee
National College for DUI Defense, Inc.
445 S. Decatur Street
Montgomery, AL 36104

SECTION A: BACKGROUND INFORMATION

1. Name: _____
2. Bar Number: _____ State: _____
3. Firm: _____
4. Address: _____
5. City: _____
6. State: _____ Zip: _____
7. Telephone: Work (_____) _____ Home (_____)
Cell (_____) _____ Other (_____)
8. Facsimile: (_____) _____
9. E-mail 1: _____ Email 2: _____
- Website: _____
-

10. In what year were you first admitted to the bar? (See Rule 2.1) _____
11. What is your state of principal practice? _____
12. Does your state have a criminal certification program? _____
13. If so, are you certified by your state? _____
14. List other states in which you have been and/or are presently licensed to practice law. _____
15. Have you ever been professionally disciplined? _____
(If you answer yes to number 15, attach findings and an explanation.)
16. What percentage of your practice is currently devoted to DUI defense?
(See Rule 2.1) _____%
17. For how many years have you practiced DUI defense law?
(See Rule 2.1) _____
18. Will you be requesting any special considerations including, but not limited to, additional time to take the examination due to a disability recognized under law? _____
(If so, please: a) Detail the special considerations you are requesting; b) Provide medical, psychological, or other proof that you are entitled to the same; and c) Identify by name, address, and phone number other institutions or organizations which have previously granted you such considerations.)

SECTION B: REFERENCES (See Rule 2.2.1)

B-1 Please list at least four (4) judicial references.

Since four judicial references are required, the Committee recommends you list six in the event one or more references are delayed. None of the references can be related to or engaged in the legal practice of law with the applicant. The Reference Form can be found at the end of the Certification link beside the Application download.

B-1.1 Name Title Jurisdiction

Address: _____

Telephone Number: _____

B-1.2 Name Title Jurisdiction

Address: _____

Telephone Number: _____

B-1.3 Name Title Jurisdiction

Address: _____

Telephone Number: _____

B-1.4 Name Title Jurisdiction

Address: _____

Telephone Number: _____

B-1.5 Name Title Jurisdiction

Address: _____

Telephone Number: _____

B-1.6 Name Title Jurisdiction

Address: _____

Telephone Number: _____

B-2 Please list at least four (4) references from lawyers

None of the references can be related to or engaged in the legal practice of law with the applicant. The Reference Form can be found at the end of the Certification link beside the Application download.

B-2.1 Name

Address: _____

Telephone Number: _____

B-2.2 Name

Address: _____

Telephone Number: _____

B-2.3 Name

Address: _____

Telephone Number: _____

B-2.4 Name

Address: _____

Telephone Number: _____

B-2.5 Name

Address: _____

Telephone Number: _____

B-2.6 Name

Address: _____

Telephone Number: _____

SECTION C: REQUISITE TRIALS (See Rule 2.1.1)

Please list twenty (20) DUI trials, which you have taken to verdict or judgment within the past three (3) years (within the 36 months preceding the date of application). Be certain to complete all requested information so we may verify your involvement in the case.

C-1 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-2 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-3 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-4 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-5 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-6 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-7 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-8 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-9 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-10 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-11 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-12 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-13 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-14 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-15 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-16 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-17 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-18 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-19 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

C-20 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

SECTION D: CONTESTED MATTERS (See Rule 2.1.1)

Please list forty (40) contested matters involving the taking of evidence in a DUI or DUI-related case, i.e. hearings or motions within the past three (3) years (within the 36 months preceding the date of application) WHICH ARE NOT PREVIOUSLY LISTED AS A TRIAL IN SECTION C. These contested matters should involve both opposing counsel and a judge who is also licensed as a lawyer that receives evidence at hearings and trials and has preferably been appointed by a governmental entity or is an elected official. Be certain to complete all requested information so we may verify your involvement in the case. A factor to consider, but not a requirement, is whether evidence is received from a witness other than a record-keeper and whether the Rules of Evidence apply in that forum.

D-1 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-2 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-3 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-4 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-5 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-6 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-7 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-8 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-9 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-10 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-11 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-12 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-13 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-14 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-15 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-16 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-17 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-18 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-19 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-20 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-21 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-22 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-23 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-24 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-25 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-26 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-27 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-28 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-29 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-30 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-31 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-32 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-33 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-34 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?

(0 – 10) _____

D-35 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-36 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-37 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-38 Name of Defendant: _____

Case No.: _____ Date of Judgment: _____

Court & Name of Judge: _____

Court Clerk Name, Address & Phone Number: _____

Nature of the Proceeding: _____

How many witnesses, other than record-keepers, testified at this contested hearing?
(0 – 10) _____

D-39 Name of Defendant: _____

[APPLICANT: PLEASE DO NOT FORGET TO KEEP A COPY OF THIS APPLICATION IN THE EVENT YOU NEED TO REFER TO IT AFTER IT IS RECEIVED BY THE COMMITTEE.]

DISCLOSURE OF IDENTITY TO OTHER APPLICANTS

By checking the appropriate box below and signing this Application, I am indicating my permission or lack thereof to allow my identity as an applicant to be disclosed to the other applicants prior to the actual taking of the test. I understand that another applicant may contact me for the purposes of exchanging ideas and/or forming a study group. I understand that no contact information other than my name will be provided to any other applicant without my express permission.

- I agree to allow my identity as an applicant to be disclosed to other applicants taking the upcoming certification test.

- I **do not** agree to allow my identity as an applicant to be disclosed to other applicants taking the upcoming certification test.

AFFIRMATION OF CONTENTS

I have personally reviewed all of the above information and hereby swear, affirm, and declare under penalty of perjury that the above information is complete, true, accurate, and correct.

Signature: _____

The undersigned, a Notary Public in and for the County of _____, in the State of _____, herewith certify that _____
APPLICANT NAME
appeared in person, and before me SUBSCRIBED and SWORE to the information contained in the above Application for Board Certification, under penalties for perjury, this _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20____.

PAYMENT INFORMATION

____ Enclosed find a check for \$750.00 for the examination fee of \$500.00 and the non-refundable filing fee of \$250.00 made payable to:

The National College for DUI Defense, Inc.

Charge \$750.00 to my:

____ Visa #: _____ Exp. Date _____

____ MasterCard #: _____ Exp. Date _____

____ Amer. Express #: _____ Exp. Date _____

Signature (for credit cards only) _____

Billing Address for Credit Card:

**THE NATIONAL COLLEGE FOR DUI DEFENSE, INC.
AUTHORIZATION TO CONDUCT PERSONAL INVESTIGATION
AND RELEASE FOR BOARD CERTIFICATION**

I, _____, having filed an application for **Board Certification** hereby authorize and give my consent to The National College for DUI Defense, Inc., including, but not limited to, its Committee on Certification, (hereinafter collectively referred to as the "National College"), to conduct an investigation as to my moral character and fitness and to make inquiries and request such information from third parties as, in the sole discretion of the National College is necessary to such investigation. I further authorize the use of any such information in the course of the National College's investigation and evaluation of my application for **Board Certification**. I authorize and request every person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party having opinions about me or knowledge or control of any information, documents, records (including, but not limited to, criminal history and record information), or data pertaining to me, to reveal, furnish and release to the National College, or any of its agents or representatives, such opinions, knowledge, information, documents, records or other data.

Without limiting the previously described authority, I specifically authorize the release of files of any professional association regarding all undergraduate, graduate or professional school records relating to my admission to, and conduct during my enrollment in such schools. I hereby authorize all such persons as set out above to answer any inquiries, questions, or interrogatories concerning me, which may be submitted to them by or on behalf of the National College.

I further waive absolutely any privileges I may have which are applicable to any documents or information sought from you pursuant to this authorization and release. Notwithstanding any statement herein to the contrary, this Authorization and Release shall not operate to release any medical or mental health records relating to alcohol, drug or chemical dependency. I hereby release, discharge and hold harmless the National College, its agents or representatives and any person, firm, company, corporation, school, employer (past or present), governmental agency, court, association, institution, or other third party, and their agents, from any and all liability of every nature and kind arising out of the furnishing, inspection, and the use of such opinions, knowledge, documents, records or other data. A photocopy of this authorization shall be accepted with the same validity as the original.

Date: _____ Signature of Applicant: _____

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that _____

APPLICANT NAME

appeared in person, and before me signed the above Authorization to Conduct Personal Investigation & Release, under penalties for perjury, this _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20_____.

National College for DUI Defense, Inc.

445 S. Decatur Street
Montgomery, Alabama 36104
Telephone: (334) 264-1950
Fax: (334) 264-1920
www.ncdd.com
email: rhea@ncdd.com

**Board Certification Affidavit Affirming Good Standing,
Good Conduct, and CLE Requirements
(Original or Re-Testing Applicants)**

I, _____, being duly sworn, depose and state that
PRINT OR TYPE NAME
to my best personal knowledge (Please check all applicable boxes):

- I affirm I am currently a lawyer in good standing in the state(s) or territory(ies) of _____
and further, I have previously provided to the National College for DUI Defense, Inc. a Certificate of Good Standing from each of the above state(s) or territory(ies).
- No criminal charges have ever been filed against me which have not been previously disclosed in writing to the College.
- No allegations of unethical or inappropriate professional conduct have ever been filed against me with any court, grievance committee or other disciplinary board or body which have not been previously disclosed in writing to the College.
- No claim of professional negligence or other professional liability has ever been asserted against me (with or without the filing of suit) based in any part on my acts or omissions or on those of any other attorney over whom I have supervisory responsibility.
- My law license has never been suspended or revoked in any state, territory, or in the District of Columbia.
- I have attended at least 36 hours of College-approved CLE in accordance with Rule 2.3 of the Rules Governing Board Certification.

If you cannot check all of the above, please attach a detailed explanation of the matter. The National College for DUI Defense, Inc. (NCDD) may request additional information bearing on the matter, and shall determine whether the circumstances are such that the attorney should be granted or denied certification, or whether the NCDD should either take no action, or defer action pending receipt of further information. This disclosure should include material that would not otherwise be disclosed to the public in your state, unless disclosure to the NCDD is prohibited by state law and cannot be waived.

The failure of an applicant to promptly disclose the requested information is a material misrepresentation and may be cause for rejecting an application or refusing to grant certification. The applicant shall have, and so acknowledges by his or her certification below, a continuing duty to disclose promptly to the Board of Regents any matters listed above which may arise after the filing of the application. Should an applicant become Board Certified, he or she shall have a continuing duty to promptly report any matters listed above which may arise during the period of certification. Applicant acknowledges by his or her certification below the continuing duty to disclose imposed above, and that a failure to promptly disclose the required information may, by itself, be cause for revocation or suspension of certification.

AFFIRMATION OF CONTENTS

I have personally reviewed all of the above information and hereby swear, affirm, and declare under penalty of perjury that the above information is complete, true, accurate, and correct.

Signature: _____

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that _____

APPLICANT NAME

appeared in person, and before me SUBSCRIBED and SWORE to the above Application Agreement, under penalties for perjury, this _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20_____.

National College for DUI Defense, Inc.

445 S. Decatur Street
Montgomery, Alabama 36104
Telephone: (334) 264-1950
Fax: (334) 264-1920
www.ncdd.com
email: rhea@ncdd.com

Policy and Procedures Agreement Regarding References

Name of Applicant: _____
(PRINT OR TYPE NAME)

1. The National College for DUI Defense, Inc. (NCDD) standards require that all applicants for certification provide satisfactory references.
 - a) Certification requires receipt of at least six references satisfactory to the NCDD: a minimum of three from attorneys with whom or against whom the applicant has tried, or who have observed the applicant try, a DUI matter within the past three years; and, a minimum of three from judges before whom the applicant has tried, or who have observed the applicant try, a DUI matter within the past three years.
 - b) All reference statements will be reviewed by the NCDD to assess whether the applicant possesses an enhanced level of skill, knowledge pertaining to the science and law involved in DUI Defense, experience in trial advocacy within the area of practice, and whether applicant has demonstrated integrity and dedication to the best interests of his or her clients.

Procedure for Obtaining References

1. The applicant for certification will provide the NCDD with no fewer than eight and no more than twelve names and addresses of attorneys and judges the applicant wishes to use as references. The list of names must include a minimum of four judges and a minimum of four attorneys.
2. Applicants are cautioned to use care when providing references, as there will not be an opportunity to submit more than twelve names for reference, unless, at its sole option, the NCDD should request additional references. Persons providing references for certification must have seen the applicant litigate issues in the DUI Defense practice area within the past three years.
3. Communication will occur strictly between the NCDD and each person given as a reference. The applicant will neither deliver the blank form to a reference, nor return a completed form to the NCDD. Although applicants should advise designated references of their wish to use them, under no circumstances will an applicant contact a reference concerning the status or content of a statement of reference thereafter.
4. The NCDD will send a form and a postage-paid envelope to persons designated by the applicant as references. If a reply is not forthcoming, the NCDD will send the form one additional time to any designated reference person who has not responded. If two requests to a reference have gone unanswered, the reference will no longer be considered, and the lack of a response from that reference person will be noted in the applicant's file.

5. Once the statements of reference have been received by the NCDD, or persons listed as references have been contacted twice with no response, the following procedures apply:
 - a) If all the references are satisfactory, the applicant's file will be credited, and the reference requirement will have been met.
 - b) If the required number of references is not received within a reasonable time, the application will be denied. In lieu of automatic denial, the NCDD, in its sole discretion, reserves the right to request that the applicant supply additional references, or on its own initiative the NCDD may seek additional references.
 - c) If any reference statements appear to be unsatisfactory (including uncompleted forms returned to the NCDD), the file will be referred to the Chairman of the Certification Committee of the Board of Regents, or his or her designee, for review and a ruling.
6. No member of the NCDD, its staff, Board of Regents, or anyone else associated with the application process may discuss references with applicants. This requirement includes, but is not limited to, discussion regarding the following:
 - a) the number of references contained in the file (unless the NCDD exercises its sole discretion to request that the applicant provide additional references);
 - b) the content of the references provided; and,
 - c) which persons may or may not have responded with reference materials.
7. The NCDD will contact an applicant who has provided incorrect contact information for a reference, and the applicant will be asked to correct the contact information.
8. An application may be denied at any point for failing to satisfactorily meet these, or any other of the NCDD's written standards or requirements.
9. Applicants for certification who have questions about these policies and procedures are strongly urged to call the NCDD Executive Director, or the Chairman of the Certification Committee, prior to submitting the list of references.

Certification of Applicant

I hereby certify by my signature below that I have carefully reviewed the policies and procedures contained in the above document, entitled National College for DUI Defense Policy and Procedures Regarding References. I further certify that I understand the policies and procedures of the NCDD regarding the use of references in the application process for board certification, and I voluntarily agree to be bound by such policies and procedures in my application process.

Signature of Applicant

Date of Signature

National College for DUI Defense, Inc.

445 S. Decatur Street
Montgomery, Alabama 36104
Telephone: (334) 264-1950
Fax: (334) 264-1920
www.ncdd.com
email: rhea@ncdd.com

Release of Identity to Fellow Applicants

I, _____, having filed an application for **Board**
PRINT OR TYPE NAME
Certification hereby authorize and give my consent to The National College for DUI Defense, Inc., including, but not limited to, its Committee on Certification, (hereinafter collectively referred to as the "National College"), to release my identity and the following indicated information to other applicants sitting for the certification examination so that I may be contacted regarding forming a study group or for other consultation. Accordingly, I consent to the National College for DUI Defense, Inc. releasing

- My name
- My office phone number (_____) _____
- My email address _____

to other applicants.

Signature of Applicant: _____

Date Signed: _____

The undersigned, a Notary Public in and for the County of _____, in
the State of _____, certifies that _____,

APPLICANT NAME

with whom I am personally acquainted, appeared in person, and before me
SUBSCRIBED and acknowledged that he or she executed the foregoing document for
the purposes therein contained, this _____ day of _____,
20_____.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20_____.

Application to Re-Test for DUI Defense Law Board Certification National College for DUI Defense, Inc.

Application to Re-Test for DUI Defense Law Board Certification

SECTION A:

1. Name: _____
2. Bar Number: _____ State: _____
3. Firm: _____
4. Address: _____
5. City: _____
6. State: _____ Zip: _____
7. Telephone: (_____) _____
8. Facsimile: (_____) _____
9. E-mail: _____ Website: _____
10. In what year were you first admitted to the bar? _____
11. What is your state of principal practice? _____
12. Does your state have a criminal certification program? _____
13. If so, are you certified by your state? _____
14. List other states in which you are licensed to practice. _____
15. Have you ever been professionally disciplined? _____
(If you answer yes to number 15, attach findings and an explanation).

16. What percentage of your practice is devoted to DUI defense? _____%

17. Will you be requesting any special considerations including, but not limited to, additional time to take the examination due to a disability recognized under law?

Yes _____ No _____

If you answered yes, please:

- a. Detail the special considerations you are requesting;
- b. Attach medical documents, psychological documents, or other proof that you are entitled to the same; and
- c. Identify by name, address, and phone number other institutions or organizations which have previously granted you such considerations.

SECTION B:

1. I have taken the certification examination on the previous occasions:

	Month	Year	Location
a)	_____		
b)	_____		
c)	_____		

2. I understand that I will **not** have to pay another filing fee of \$250.00 if I take the examination for which I am applying within two years of my last full application. However, I **will** have to pay an additional examination fee of \$500.00 to re-take the examination. _____(Initial here)

3. I further understand I must submit another (current) a) Sworn Application Agreement; and b) Affidavit of Conduct with this application in order to be eligible to take this exam.
_____ (Initial here)

AFFIRMATION OF CONTENTS

I have personally reviewed the information contained herein and hereby swear, affirm, and declare under penalty of perjury that all of the information on my original application, as well as this Application for Re-Testing for DUI Defense Law Board Certification is complete, true, accurate, and correct.

Signature: _____

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that _____

appeared in person, and before me SUBSCRIBED and SWORE to the above Application Agreement, under penalties for perjury, this _____ day of _____, 20____, and to which witness my hand and seal.

APPLICANT NAME

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20_____.

Note to Applicant:

In addition to this application, you must also submit (a) a new *Authorization & Release*; (b) a new *Board Certification Affidavit Affirming Good Standing, Good Conduct & CLE Requirements*; and (c) a check made payable to NCDD in the amount of \$500.00.

PAYMENT INFORMATION

____ Enclosed find a check for \$500.00 for the examination fee made payable to:

The National College for DUI Defense, Inc.

Charge \$500.00 to my:

____ Visa #: _____ Exp. Date _____

____ MasterCard #: _____ Exp. Date _____

____ Amer. Express #: _____ Exp. Date _____

Signature (for credit cards only) _____

Billing Address for Credit Card:

National College for DUI Defense, Inc.

445 S. Decatur Street
Montgomery, Alabama 36104
Telephone: (334) 264-1950
Fax: (334) 264-1920
www.ncdd.com
email: rhea@ncdd.com

Sworn Application Agreement for Board Certification in DUI Defense Law

I, _____, being duly sworn, depose and
PRINT OR TYPE NAME

state that in connection with my application and certification (if granted), I agree to abide by all rules, regulations, and procedures promulgated by the Board of Regents (Board) of the National College for DUI Defense, Inc. (National College), as amended from time to time, and to pay all required fees as due.

Authorization to Review Documents

In making and filing this application for Board Certification in DUI Defense Law, and regarding any subsequent evaluation of my certification status, I authorize all persons, firms, officers, corporations, associations, organizations, state or federal agencies, and institutions to furnish to the National College, or any of its authorized representatives, all relevant documents, records, or other information that may be requested in the investigation of this application, or in the investigation of my continuing satisfaction of the standards for certification.

I agree that all information received by the National College from any person or entity may be treated confidentially by the Board. I hereby waive that confidentiality with regard to any state agency with jurisdiction over legal specialization. I further waive that confidentiality with regard to any organization or entity approved by the state to certify legal specialists to which I have applied, or by which I am certified.

Waiver of Review

I specifically waive any right to review any statements of reference, and all other evaluations in whatever form, submitted to the Board whether solicited by me or by the Board. I agree to have no contact with any person listed as a reference concerning any information or material which may have been provided by the person to the Board. In addition, and in order to protect the assurances of confidentiality given to persons providing references, I agree not to seek discovery of such reference information, material, or evaluations, formally or informally, in any legal proceeding or otherwise.

Release of Liability

I release, discharge, and exonerate the National College, its Board of Regents, officers, executive director, staff, agents, employees and representatives, and any person furnishing information, material, or evaluations to the Board, from any and all liability of every nature and kind arising from the investigation and evaluation of my application, or my continuing satisfaction of the standards for certification.

I agree to defend, or pay the costs of defense for, at the discretion of the Board, any lawsuit, claim, or other action initiated against the Board, any of its Regents, officers, executive director, staff, agents, employees, and representatives arising from my application for board certification, certification renewal, or arising out of my board certification by the National College. I further agree to indemnify the National College and/or its Board of Regents, for any judgment or settlement ordered, or paid, as a result of any such lawsuit, claim, or other action.

Non-Disclosure

I agree that if my application is accepted to take the examination, I will not disclose to any person or entity any information regarding the identity of others who have applied for Board Certification, the format of the examination, the actual questions used, or any information relating to the current examination, any past examination I may have taken, or the examination process to anyone else.

It is further understood, however, that I may participate in a study group of other applicants for the current exam.

Suspension, Revocation or Expiration of Certification

I agree that in the event I become certified and my certification is subsequently suspended or revoked, or I am not recertified, I shall immediately cease to hold myself out in any way as certified by the National College for DUI Defense, and will remove my certificate from public display.

Review of Application and Application Agreement

I hereby certify that I have personally and carefully reviewed each part of my application, together with all supporting documentation. This includes, but is not limited to, this Application Agreement. I further certify that I have made each statement and representation, and answered each question contained therein fully and frankly, without concealment or reservation. Such questions and answers are within my personal knowledge and are true and complete.

Signature of Applicant: _____

The undersigned, a Notary Public in and for the County of _____, in the State of _____, certifies that _____ appeared in person, and before me SUBSCRIBED and SWORE to the above Application Agreement, under penalties for perjury, this _____ day of _____, 20____, and to which witness my hand and seal.

Notary Public

Stamp or Seal

Printed Name

My commission expires _____, 20_____.