**National College for DUI Defense, Inc.**

445 S. Decatur Street

Montgomery, Alabama 36104

Telephone: (334) 264-1950

Fax: (334) 264-1920

 [www.ncdd.com](#BM_1_)

email: [rhea@ncdd.com](#BM_2_)

**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

 .

□ No criminal charges have ever been filed against me that 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

 that 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 not been suspended or revoked in any jurisdiction.

□ I have attended at least 36 hours of College-approved CLE in accordance with Rule 2.3

 of the Rules Governing Board Certification.

□ I am enclosing with my application a Certificate of Good Standing\* from each of the

above state(s) or territory(ies). \***Contact each State Bar Association or State Supreme Court to obtain.**

 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_.