

**BACKGROUND INFORMATION FOR EACH MEMBER OF THE GOVERNING
BOARD, EVALUATION COMMITTEE AND STAFF**

To be attached to Application for Accreditation as a Certifying Agency for Attorneys as Specialists in Ohio.

a. Name

Address

City

State

Zip

Date of Birth

Attorney

Non-Attorney

If an attorney, please provide the name of each state (including District of Columbia) in which attorney is admitted and date of admission.

If a non-attorney, what qualifies this individual to establish and monitor the standards of certification of your organization?

b. Does this person have extensive practice or involvement in the area of specialty for which this Application is being made?

Yes

No

c. Is this person a certified specialist in the field of law covered by the area of proposed specialization?

Yes

No

If yes, what is the name of the certifying agency and the date of certification?

Name

Date

d. If the answer to (c) is no, how has this expertise been determined and verified?

e. Attach a current curriculum vitae or resume for this person.