

The Supreme Court of Ohio

COMMISSION ON CERTIFICATION OF ATTORNEYS AS SPECIALISTS

ATTORNEY CERTIFICATION AND ACKNOWLEDGMENT

As an attorney certified as a specialist by _____, I expressly recognize and acknowledge that the Supreme Court of Ohio [“Supreme Court”] and the Commission on Certification of Attorneys as Specialists in the State of Ohio [“Commission”] do not and shall not be construed to make any implied or expressed representation or warranty regarding the process by which I was certified or my abilities as a certified attorney.

I further understand that responsibility, obligation, and liability in any way arising from my certification and holding myself out to the public and to other attorneys as a certified attorney are expressly disclaimed by the Supreme Court and the Commission. Furthermore, I knowingly accept this disclaimer as a condition of my certification as a specialist by _____.

I expressly understand and acknowledge that as an attorney specialist certified under Gov. Bar R. XIV of Ohio, I may communicate that I am certified as a specialist in the field of law involved only if the communication identifies the name of the certifying organization. I agree that I shall not represent, expressly or impliedly, that I am certified by the Supreme Court, or the Commission, or by an entity other than _____. However, I understand that I may represent that _____ is approved by the Commission.

Furthermore, in compliance with §4(E) of Gov. Bar R. XIV, I hereby certify that:

- (a) I currently am and will continue to be, an active lawyer and in good standing pursuant to Gov. Bar R. VI of the Supreme Court;
- (b) I do not have any current or pending disciplinary matters in Ohio or another state;
- (c) And:
 - I have and will continuously maintain coverage by professional liability insurance through a company authorized to transact business in Ohio, in an amount not less than five hundred thousand dollars (\$500,000) per loss, and I have demonstrated ability to pay all claims that fall within the liability insurance deductible,
 - OR -
 - I am otherwise exempt for one of the following reasons (select one):
 - I can demonstrate that my employment relationship will fully cover any professional liability claim or provide immunity;
 - I am employed by an entity, other than a law firm, whose sole professional practice is for that entity; or
 - I am employed by a governmental entity that would be immune from liability claims.

I fully understand that as a certified attorney in Ohio it is my obligation to immediately report to _____ any change in my status, including but not limited to any cancellation or change in my insurance coverage.

In compliance with Gov. Bar R. XIV, Sec. 4(E), I have attached hereto a copy of (1) a Certificate of Good Standing from the Supreme Court, and (2) my current insurance policy declaration page or a notarized letter or letters demonstrating that my coverage meets the requirements of the Rule. Furthermore, I acknowledge that in order to maintain certification, I am obligated to sign this form and provide current copies of these two documents to _____ on an annual basis. I also understand that my failure in this regard may result in disciplinary action by the Supreme Court.

Signature of Attorney

Date