

Notice of Intent to Apply for Certification as a Workers' Compensation Specialist

The Notice of Intent to Apply must be accompanied by a non-refundable \$50.00 fee. If the Applicant subsequently files an application, the \$50.00 will be credited to the application fee. Upon receipt of the Notice of Intent to Apply by the Staff Advisor, the Applicant will be sent an application package.

Send the Notice of Intent to Apply and \$50.00 fee, **no later than January 5, 2005**, to:

Standing Committee on Workers' Compensation Certification
c/o Donna Fiorentino, Staff Advisor - Certification
Connecticut Bar Association
30 Bank Street
New Britain, Connecticut 06050

2. Name as you wish it to appear on your certificate:

_____ / _____ / _____
Last First Middle

3. If you did not enter your full name in #2 above or you have used any other name within the last ten (10) years, list below:

_____ / _____ / _____
Last First Middle

4. Correspondence (mailing) address:

- a. (street) _____
- b. (P.O. Box) _____
- c. (city) _____
- d. (state) _____
- e. (zip code) _____

5. Date of Birth _____ / _____ / _____
Month Day Year

6. Social Security Number: _____ / _____ / _____

7. Do you need any special accommodations during the administration of the written examination?

- a. Yes
- b. No

If you checked yes to question 7, the staff advisor shall forward to you a petition for non-standard testing.

(Signature)

Date: _____

