

**Standing Committee**

Edward M. Rosenblatt, Chair  
Fidelity National Title Ins.  
111 Founders Plaza  
East Hartford, CT 06108

Elton B. Harvey, III  
Isaac Law Offices, LLC  
270 Farmington Avenue  
Suite 345  
Farmington, CT 06032

John C. Zaccaro, Jr.  
Cipparone & Zaccaro, P.C.  
261 Williams Street  
New London, CT 06320

**The Connecticut Bar Association  
Standing Committee on  
Residential Real Estate  
Certification**

**Application for  
Certification as a Residential Real  
Estate Specialist**

30 Bank Street, New Britain, CT 06051  
(860)223-4400

**Examining Committee**

Anthony D. Santoro, Chair  
The Law Offices of Anthony D.  
Santoro  
530 Middlebury Rd, Ste 213B  
Middlebury, CT 06762-2557

Michael J. Caron  
First American Title Insurance  
Company  
225 Asylum St, 16<sup>th</sup> Fl  
Hartford, CT 06103

Alexander M. Meiklejohn  
Professor  
Quinnipiac School of Law  
275 Mount Carmel Ave.  
Hamden, CT 06518

David S. Veleber  
Connecticut Attorneys Title  
Insurance Company  
185 Asylum St  
Hartford, CT 06103

Valerie A. Votto  
Valerie Ann Votto LLC  
PO Box 762  
Old Lyme, CT 06371-0762

John C. Zaccaro, Jr.  
Cipparone & Zaccaro, P.C.  
261 Williams Street  
New London, CT 06320



RESIDENTIAL REAL ESTATE SPECIALIST
CERTIFICATION APPLICATION

I. GENERAL INFORMATION

Name: (as you wish it to appear on your certificate)

Firm Name:

Office Address:

City: State: Zip:

Business phone#: Home phone #:

Juris #: Email:

II. EDUCATION/LAW PRACTICE

A. College and Law Schools attended:

Table with columns: From, To, Degree

B. Date admitted to the Connecticut Bar

C. List all jurisdictions in which you are now or have been admitted to practice other than Connecticut\*:

Table with columns: Jurisdiction, Bar Number, Date Admitted, Still Licensed? (if no, explain)

\*Please enclose a certificate of good standing from each jurisdiction in which you are admitted. The certificate of good standing for Connecticut must be issued by the Statewide Grievance Committee.

D. Have you been engaged in the practice of law for a period of at least 5 years as of the submission of this application?

E. Employment\*: Please list all places of employment, within the legal profession, during the five year period preceding the filing of this application:

1. \_\_\_\_\_  
Employer  
\_\_\_\_\_  
Date (starting and ending)  
\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Employer  
\_\_\_\_\_  
Date (starting and ending)  
\_\_\_\_\_  
Address

3. \_\_\_\_\_  
Employer  
\_\_\_\_\_  
Date (starting and ending)  
\_\_\_\_\_  
Address

*\*If more space is needed, please attach separate sheet.*

**III. PROFESSIONAL LIABILITY INSURANCE**

Do you maintain a lawyer’s professional liability policy with minimum limits of \$1,000,000 per claim?  
o Yes o No

If you answer no to this question, please provide a detailed explanation on a supplemental page pursuant to Regulations section 4.3, demonstrating adequate financial protection for professional acts or omissions.

Name of Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Expiration Date \_\_\_\_\_

I authorize the release of information by my professional liability carrier.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IV. REFERENCES/PEER REVIEW**

Please list below 5 references, which are from lawyers who are knowledgeable regarding your practice and your competence in the residential real estate area. No references may be from a lawyer who: (1) is related to you; or (2) is or has been engaged in legal practice with you at anytime during the 3-year period preceding the filing of this application. **One reference must be from a board certified residential real estate specialist and in good standing in Connecticut.** See Section 4.5 of the Regulations. **No member of the Standing Committee on residential real estate certification or the Examining Committee may serve as a reference.**

1. Name: _____	Firm: _____
Address: _____	City, State, Zip: _____
Office Phone: _____	Fax: _____
2. Name: _____	Firm: _____
Address: _____	City, State, Zip: _____
Office Phone: _____	Fax: _____
3. Name: _____	Firm: _____
Address: _____	City, State, Zip: _____
Office Phone: _____	Fax: _____
4. Name: _____	Firm: _____
Address: _____	City, State, Zip: _____
Office Phone: _____	Fax: _____
5. Name: _____	Firm: _____
Address: _____	City, State, Zip: _____
Office Phone: _____	Fax: _____

**V. CONTINUING LEGAL EDUCATION**

Each applicant must have completed a minimum of 36 hours of CLE in residential real estate in the 3-year period preceding the filing of this application. At least six (6) hours shall have been earned in the area of legal ethics or professional responsibility. (See Section 4.6 of the Standards). **Please be sure to provide all of the relevant information requested.**

<b>CONTINUING LEGAL EDUCATION (CLE)</b>
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*First Year Preceding:*

Name of Course	Sponsoring Organization	Date	Location	Total # CLE Hours	#Ethics Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Second Year Preceding:*

Name of Course	Sponsoring Organization	Date	Location	Total # CLE Hours	#Ethics Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Third Year Preceding:*

Name of Course	Sponsoring Organization	Date	Location	Total # CLE Hours	#Ethics Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**PLEASE NOTE: THIS NUMBER MUST BE 36 OR MORE  
FOR THE 3-YEAR PERIOD  
PLEASE NOTE: THIS NUMBER MUST BE 6 OR MORE**

<b>TOTAL CLE CREDITS</b>	_____
<b>TOTAL ETHICS CREDITS</b>	_____

**VI. SUBSTANTIAL INVOLVEMENT**

During the five year period preceding the filing of this application, each applicant must have devoted no less than 25% of the applicant’s time practicing in the residential real estate area. (See Section 4.1 of the Regulations).

A. I have devoted the following approximate percentage of my time practicing in the area of Residential Real Estate in Connecticut.

_____ % first year preceding	_____ % second year preceding	_____ % third year preceding
_____ % fourth year preceding	_____ % fifth year preceding	

B. Describe the general nature of your current residential real estate practice and your typical clients. If your practice is substantially different now than previously existed over the last five years, give details of your practice changes.

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**VII. PROFESSIONAL ETHICS AND DISCIPLINARY REVIEW**

This section requires disclosure of all matters, regardless of whether an appeal is pending. The information provided shall be for each jurisdiction in which you are admitted. **If you answer yes to any question, please provide a detailed explanation on a supplemental page.**

- A. Have you had any grievances filed against you with the Statewide Grievance Committee or a similar body in any other state which has authority over attorney discipline?  
o Yes o No
  
- B. Has any disciplinary action ever been taken against you as a lawyer, including any sanctions or conditions imposed by the Statewide Grievance Committee or the Superior Court?  
o Yes o No
  
- C. Have any malpractice actions ever been brought against you?  
o Yes o No
  
- D. Have any claims of fraud been brought against?  
o Yes o No



**IX. ACKNOWLEDGEMENT OF APPLICANT/AUTHORIZATION**

I have read the Regulations and certify that I am fully qualified and know no reason why I am not entitled to certification as a specialist in the area of residential real estate law.

I verify that all the information I have provided in this application and any attachments, is true and correct. By signing and filing this application, I authorize all persons, firms, officers, corporations, associations, organizations, state or federal agencies, and institutions to furnish to the Standing Committee, the Examining Committee or any representative thereof, all relevant documents, records or other information that may be requested in the investigation of this application, specifically including the records of grievances in possession of the Statewide Grievance Committee or any other grievance committee or similar disciplinary body.

Furthermore, I agree to waive all rights to access any statements of reference as well as any other information received by third parties in connection with this application. I agree to be bound by the Regulations of the Standing Committee as amended from time to time. I agree to pay all fees required by the Standing Committee when due.

I understand I must achieve a passing score on a written examination in the specialty area prior to certification.

I understand the period of certification is for 5 years.

I hereby waive any claims against the CBA, the Examining and Standing Committees, their volunteers, agents, officers and employees, and hold them harmless from any liability or damages of any kind claimed brought by me for any activity relating to the certification process.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Commissioner of Superior Court  
Notary Public



**Amendment to Application For  
Certification or Re-certification as a  
Residential Real Estate Specialist**

I, \_\_\_\_\_, having applied for Certification or re-certification as a residential real estate specialist understand that my application is a continuing application and for this reason amend my application with respect to item(s) \_\_\_\_\_ as follows:

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

I, \_\_\_\_\_, being duly sworn say that the following information is complete and true of my own knowledge.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Commissioner Superior Court/  
Notary Public  
My Commission Expires: \_\_\_\_\_

**INSTRUCTIONS FOR FILING PETITION FOR NON-STANDARD TESTING  
CONDITIONS ON THE RESIDENTIAL REAL ESTATE  
CERTIFICATION EXAMINATION**

1. Any applicant who requires non-standard testing conditions to complete the residential real estate certification examination must file the attached Petition and related documents at the time of filing the application to sit for the examination. The Petition must be filed not later than the filing deadline for the application for certification. Applicants are encouraged to file their completed petitions as early as possible.
2. The petitioner must obtain from the Petitioner's law school and attach to the Petition the attached Statement of Law School Official specifying the accommodations made available to the petitioner during the administration of examinations at law school.
3. The petitioner must also file statements from his or her treatment professionals on the attached Professional Declaration describing the type and extent of the handicap or disability, specifying the effect of the disability or handicap on an otherwise qualified applicant's ability to be examined.
4. Inquiries regarding your Petition or other substantive matters must be in writing.
5. A Petition which is incomplete, untimely or otherwise not filed in compliance with these instructions will be returned without action.
6. You may be required to submit to independent diagnostic testing AT YOUR EXPENSE by a doctor of the Committee's choice. You will be advised if this will be required.
7. You will receive written notice of the disposition of your Petition as soon as it has been acted upon by the Committee.

**Types of disabilities/handicaps for which non-standard testing have been provided (the list is for illustrative purposes only):**

1. Physical limitation (conditions that restrict or impair mobility)
  - a. cerebral palsy
  - b. epilepsy
  - c. polio
  - d. muscular dystrophy
  - e. multiple sclerosis
  - f. tourette's syndrome
  - g. orthopedic injuries (including paraplegia or quadriplegia)
  - h. arthritis
  - i. deafness
  - j. blindness
  - k. other (cancer, AIDS, ARC, allergies, advanced pregnancy)
2. Learning disabilities

- a. dyslexia
- b. dysgraphia
- c. perceptual handicaps
- d. brain injuries
- e. minimal brain dysfunction

**Types of non-standard testing available (the list is for illustrative purposes only):**

- a. Large type examination
- b. Braille examination
- c. Audio tape examination
- d. Separate examination room
- e. Reader
- f. Scribe (amanuenses)
- g. Wheelchair-accessible test site (extra space in test room)
- h. Additional time
- i. Permission to type examination (applicants may not type the examination in the absence of a disability/handicap).

**PETITION FOR NON-STANDARD TESTING CONDITIONS DURING THE  
ADMINISTRATION OF THE RESIDENTIAL REAL ESTATE  
CERTIFICATION EXAMINATION**

---

(Applicant's Name)

---

(Street)

---

(City, State & Zip Code)

---

Telephone #: (Home)

(Work)

1. Disability Status (Check all that apply)

A. Describe in detail the basis of your request for non-standard testing\*:

---

---

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*\*attach additional pages if necessary*

B. Are You:

- |                          |       |                          |                    |
|--------------------------|-------|--------------------------|--------------------|
| <input type="checkbox"/> | deaf? | <input type="checkbox"/> | hard of hearing?   |
| <input type="checkbox"/> | blind | <input type="checkbox"/> | visually impaired? |

C. Do you have a:

physical disability?  
Please explain \_\_\_\_\_

specific learning disability?  
Please explain \_\_\_\_\_

psychological disability?  
Please explain \_\_\_\_\_

D. How long have you had your disability?

- |                          |                 |                          |                 |
|--------------------------|-----------------|--------------------------|-----------------|
| <input type="checkbox"/> | most of my life | <input type="checkbox"/> | 5 years or more |
| <input type="checkbox"/> | 4 years         | <input type="checkbox"/> | 3 years         |
| <input type="checkbox"/> | 2 years         | <input type="checkbox"/> | 1 year          |

**You must include current documentation from an appropriate professional certifying your disability.**

2. Past accommodations made for your disability

A. In high school:

Were you in a special school or program? Yes[ ] No[ ]

Did you get special accommodations for classroom examinations? Yes[ ] No[ ]

If yes, what were the accommodations? \_\_\_\_\_

Did you generally get extra time for classroom examinations? Yes[ ] No[ ]

If yes, how much extra time? \_\_\_\_\_

B. Did you have special accommodations for taking the SAT or ACT examinations for admission to college? Yes[ ] No[ ]

If yes, what were the accommodations? \_\_\_\_\_

C. In college:

Did you use disabled student services? Yes[ ] No[ ]

Did you get special accommodations for examinations: Yes[ ] No[ ]

If yes, what were the accommodations: \_\_\_\_\_

Did you generally get extra time for examinations? Yes[ ] No[ ]

If yes, how much extra time? \_\_\_\_\_

D. Did you have special accommodations for the LSAT? Yes[ ] No[ ]

If yes, what accommodations: (Check all that apply)

Formats:

- Braille       Tape       Large Type



PROFESSIONAL DECLARATION

(Additional sheets may be attached if necessary to fully respond to any question.)

Patient's name: \_\_\_\_\_

The above-named person has been under my care between \_\_\_\_\_ and  
\_\_\_\_\_ for: (fully describe illness or condition) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I last examined the patient on \_\_\_\_\_

Date of onset of illness or condition: \_\_\_\_\_

The patient's illness or condition is permanent/temporary (circle one). If temporary, when will the disability terminate? \_\_\_\_\_

Tests administered and dates administered:

\_\_\_\_\_

\_\_\_\_\_

Objective results of tests (attach a separate sheet with specific test results and/or scores):

\_\_\_\_\_

\_\_\_\_\_

Treatment consists of:

\_\_\_\_\_

\_\_\_\_\_

As a result of my examination and treatment of the patient, I have made the following findings and conclusions:

Subjective complaints: \_\_\_\_\_

\_\_\_\_\_

Objective findings: \_\_\_\_\_

\_\_\_\_\_

Nature and extent of disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effect (if any) of disability on patient's ability to read and/or write and/or concentrate for prolonged periods of time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prognosis:  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
by \_\_\_\_\_  
(Signature of Physician) (State License Number)

PLEASE PRINT

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_



IN RE:

THE PETITION OF:

\_\_\_\_\_  
(Petitioner)

FOR NON-STANDARD TESTING CONDITIONS ON THE RESIDENTIAL REAL ESTATE  
CERTIFICATION EXAMINATION

I, \_\_\_\_\_, declare under penalty of perjury that my position  
(Name of Official)

at \_\_\_\_\_  
(Name of Law School)

is \_\_\_\_\_ . As such it is my responsibility to authorize  
(Dean/Assistant Dean/etc)

any non-standard testing conditions requested by students for the specific purpose of enabling them  
to take their law school examinations.

The Petitioner was given authorization to receive the following non-standard testing conditions during  
the administration of examination at this law school [please be specific]:

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

Executed on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City & State)

By: \_\_\_\_\_

Telephone: \_\_\_\_\_

PETITION FOR NON-STANDARD TESTING

AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, in connection with my Petition for Non-Standard Testing on the residential real estate certification Examination authorize the Examining Committee (Committee) to provide, at the Committee's discretion, a copy of any and all documents which I submit in connection with this Petition to such persons and/or consultants as the Committee may deem necessary to adequately evaluate my Petition.

I hereby release, discharge and exonerate the Standing Committee on residential real estate certification Committee, the Standing Committee, the Examining Committee and/or its designee(s) and/or any persons to whom information may be provided pursuant to this Authorization and Release from any and all liability of every nature and kind arising out of the furnishing or receipt of such information made by or on behalf of such Committees.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)