Standing Committee

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East Hartford, CT 06108

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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

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

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Hartford, CT 06103

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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>
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<tr>
<th>School Name</th>
<th>From</th>
<th>To</th>
<th>Degree</th>
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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>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Bar Number</th>
<th>Date Admitted</th>
<th>Still Licensed?</th>
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<td>(if no, explain)</td>
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<td>o Yes o No</td>
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*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? o Yes o No
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.

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<th>Name:</th>
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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.

<table>
<thead>
<tr>
<th>Name of Course</th>
<th>Sponsoring Organization</th>
<th>Date</th>
<th>Location</th>
<th>Total # CLE Hours</th>
<th>#Ethics Hours</th>
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**Please note:** This number must be 36 or more for the 3-year period

TOTAL CLE CREDITS

**Please note:** This number must be 6 or more

TOTAL ETHICS CREDITS

---

5
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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<td>fifth</td>
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</table>

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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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?
   ο Yes  ο 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?
   ο Yes  ο No

C. Have any malpractice actions ever been brought against you?
   ο Yes  ο No

D. Have any claims of fraud been brought against?
   ο Yes  ο No
VIII. SPECIMEN OF APPLICANT’S HANDWRITING
Each applicant shall file with the application for certification or re-certification a copy of this paragraph in the usual handwriting of the applicant and bearing his or her signature at the end and containing an affidavit stating that this handwriting exemplar was written and signed in the presence of the person taking the acknowledgement.

Instructions: Copy the paragraph above in your usual handwriting in the space below. It should not be printed unless that is your usual form of handwriting.

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

____________________________________
(Signature)

I certify that the foregoing was written and signed by the above named applicant in my presence.

Commissioner Superior Court/Notary Public
My Commission Expires: ________________
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*:

   *attach additional pages if necessary

   B. Are You:

      [  ] deaf? [  ] hard of hearing?
      [  ] blind [  ] 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?

[ ] most of my life  [ ] 5 years or more
[ ] 4 years  [ ] 3 years
[ ] 2 years  [ ] 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
Help:
[ ] Reader [ ] Recorder [ ] Extra time
[ ] Sign language interpreter [ ] Extra breaks
[ ] Other (Please explain)________

E. In law school:
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?____________________________________________
___________________________________________________________________

You must include documentation of any accommodations you received in law school (form attached).

3. Were accommodations made for you when taking the Connecticut Bar Examination (Check all that apply)
Formats:
[ ] Regular [ ] Braille [ ] Tape [ ] Large type
Help:
[ ] Reader [ ] Writer [ ] Extra breaks
[ ] Sign language interpreter
[ ] Extra time (how much)____________________________________________
[ ] Other__________________________________________________________

I am aware that it is my responsibility to file a COMPLETE Petition and I understand that it will be returned to me if found to be incomplete, untimely or otherwise not filed in compliance with the Committee’s instructions. I further agree to submit to independent diagnostic testing AT MY EXPENSE by a doctor of the Committee’s choice if such is requested by the Committee. I have attached all original, supporting documents to this Petition.

I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

Executed on ________________________________ (Date)
at ________________________________ (City & State)
__________________________________________ (Signature of Petitioner)
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

AUTHORIZED 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)