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

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

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**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:

	<u>From</u>	<u>To</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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*:

<u>Jurisdiction</u>	<u>Bar Number</u>	<u>Date Admitted</u>	<u>Still Licensed?</u> (if no, explain)
_____	_____	_____	Yes No
_____	_____	_____	Yes No
_____	_____	_____	Yes No

****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? Yes 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?

Yes 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.**

CONTINUING LEGAL EDUCATION (CLE)

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

TOTAL CLE CREDITS

TOTAL ETHICS CREDITS

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.

<u> </u> %	<u> </u> %	<u> </u> %
first year preceding	second year preceding	third year preceding
<u> </u> %	<u> </u> %	
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.

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?
Yes 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?
Yes No
- C. Have any malpractice actions ever been brought against you?
Yes No
- D. Have any claims of fraud been brought against?
Yes 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?
blind

hard of hearing?
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

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)