## Notice of Intent to Apply for 2025 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 13, 2025, to:

Standing Committee on Workers' Compensation Certification c/o Thomas Genung, Direction of CLE and Section Coordinator Connecticut Bar Association 538 Preston Avenue, 3<sup>rd</sup> Floor Meriden, Connecticut 06450

Name as you wish it to appear on your certificate:

|                               |                                      | 1                   | 1                  |                         |            |
|-------------------------------|--------------------------------------|---------------------|--------------------|-------------------------|------------|
| Last                          |                                      | First               |                    | Middle                  |            |
| lf you did n<br>years, list b | ot enter your full name ir<br>pelow: | n #2 above or you l | nave used any othe | er name within the last | : ten (10) |
|                               |                                      | /                   |                    |                         |            |
| Last                          |                                      | /First              |                    | Middle                  |            |
| Correspon                     | dence (mailing) address:             |                     |                    |                         |            |
| a.                            | (street)                             |                     |                    |                         |            |
| b.                            | (P.O. Box)                           |                     |                    |                         |            |
| C.                            | (city)                               |                     |                    |                         |            |
| d.                            | (state)                              |                     |                    |                         |            |
| e.                            | (zip code)                           |                     |                    |                         |            |
| f.                            | (email address)                      |                     |                    |                         |            |
|                               | th /<br>Month Day                    | /<br>Year           |                    |                         |            |
| (Signature)                   | )                                    |                     |                    |                         |            |
| Date:                         |                                      |                     |                    |                         |            |

PLEASE NOTE: Continuing Legal Education credits necessary to apply for certification must be in the area of workers' compensation and must be for courses approved by the Standing Committee for Workers' Compensation Certification. It is the applicant's responsibility to seek and obtain approval for CLE courses not sponsored by the CBA. The CLE requirement is 36 credits in the last three years preceding the application date.