

CERTIFIED SPECIALIST PROGRAM 2011 CERTIFICATION ANNUAL REPORT

Important: *Specialists* must file by January 31, 2012 a report for each Certificate held to demonstrate their compliance with the *Policies* during the previous calendar year. Members who fail to submit a report to *Certification Staff* within 30 days of this deadline will be deemed not in compliance with By-law 15. ***Specialists* who decide to discontinue their certification must submit a written request to the Certified Specialist Program, return their certificate and cease to advertise as a Certified Specialist.**

GENERAL INFORMATION

Specialty area subject of this report:	
Specialist's full name:	
LSUC no.:	
Name of firm or organization:	
Mailing address:	
Telephone:	
Facsimile:	
E-mail:	

DECLARATION:

1. In 2011 I have:
 - (a) maintained *Substantial Involvement* in my specialty area that is consistent with the *Policies*; Yes No
 - (b) complied with the 12 hour professional development requirements and have reported appropriately on the Law Society Portal; and Yes No
 - (c) complied with not less than 50 hours of self-study in my specialty area. Yes No

If particular circumstances impeded you from meeting the *Substantial Involvement* or some of the professional development obligations, you must include a written explanation with your report.

2. I am aware of allegations of misconduct made against me in Ontario or another jurisdiction. Yes No
3. I have had proceedings commenced against me in or before a Tribunal or Court in Ontario or another jurisdiction. Yes No
4. I am aware of unresolved complaints filed against me in Ontario or another jurisdiction. Yes No

- 5. I am subject to terms, conditions, limitations or restrictions on my authority to practise law in Ontario or another jurisdiction. Yes No
- 6. I am currently participating in a practice review program in Ontario or another jurisdiction. Yes No
- 7. I have been the subject of a bankruptcy and/or insolvency proceeding. Yes No
- 8. I have been disbarred, suspended, reprimanded, or otherwise disciplined by the governing body of the legal profession in Ontario or another jurisdiction. Yes No
- 9. I am the subject of a serious claim or have had substantial number of claims made against me in Ontario or another jurisdiction. Yes No

If you are licensed to practice and have practised law in other jurisdiction(s) in the last year please include a certificate of standing from the governing body of the legal profession in each of those jurisdictions that has been issued within 30 days of submission of this annual report.

If you have answered YES to any question 2 through 9, you must include a brief written description identifying the jurisdiction(s) and the circumstances with your Certification Annual Report.

I have read the *Policies* and declare that the contents of this report are true and correct.

I understand that from time to time I may be required to provide highlights of my practice to determine if my *Substantial Involvement* in the specialty area is consistent with the established *Policies*.

I authorize the Law Society of Upper Canada to make confidential inquiries to satisfy the professional standards requirements relevant to my *certification* and attach a signed Consent authorizing LawPRO to release to the Law Society information about filed claims in which I am named.

Signature: _____ Date: _____

Send your completed report, Consent to Disclosure form and certificate(s) of standing from other jurisdiction(s), if applicable, to: **Accounts Office, The Law Society of Upper Canada, Osgoode Hall, 130 Queen Street West, Toronto, Ontario M5H 2N6.**

Questions? Contact **the Certified Specialist Program Coordinator (416) 947-3463 or 1-800-668-7380 ext. 3463 or certspec@lsuc.on.ca**

**CONSENT AND AUTHORIZATION TO DISCLOSURE
2011 CERTIFICATION ANNUAL REPORT**

TO: LawPRO

FROM: _____
Specialist's full name

RE: Access to Information by the Certified Specialist Program department of the Law Society of Upper Canada

I authorize LawPRO to give staff of the Certified Specialist Program department of the Law Society of Upper Canada all information and materials they request about all open and closed claims files relating to me.

I also authorize staff of the Certified Specialist Program department of the Law Society of Upper Canada to review all open and closed claim files relating to me.

This Consent and Authorization to Disclosure is valid only for the purposes of verifying the information supplied on my Certification Annual Report.

Signature

Date