



**Workers' Compensation Law Section  
Application for **Recertification** as a Specialist**

<b>Instructions for Application Completion and Submission</b>	
<ul style="list-style-type: none"> <li>• The Recertification Application and fee of \$150.00 is due by December 31, 2017.</li> <li>• Applications will not be processed without the Recertification fee.</li> <li>• Applications and all supporting documentation should be mailed to: Pennsylvania Bar Association, Attn: WC Certification Application, 100 South Street, P.O. Box 186, Harrisburg, PA 17108-0186. Make the check out to <i>Pennsylvania Bar Association</i>.</li> <li>• Applications for Recertification are valid for a period of one (1) year from the date of filing.</li> <li>• For those who successfully meet the Recertification requirements, the Recertification begins on July 1, 2018 and ends June 30, 2023.</li> <li>• Additional information, including Frequently Asked Questions and relevant sections of Article IX of the Workers' Compensation By-Laws are available on the Pennsylvania Bar Association web site at: <a href="http://www.pabar.org/certification.asp">www.pabar.org/certification.asp</a></li> <li>• If you have questions, please contact: Tameka Altadonna at 800-932-0311, ext. 2280 or <a href="mailto:Tameka.Altadonna@pabar.org">Tameka.Altadonna@pabar.org</a>.</li> </ul>	

**Please type or print clearly**

Name				Today's Date	
Business Address					
City		State		Postal Code	
E-Mail					
Telephone		Fax			

Supreme Court ID		Year admitted in Pennsylvania	
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During the last 5 years, has at least 50% of your practice been devoted to the specialty field of Workers' Compensation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Have you, during the last 5 years, directly participated in both direct and cross examination of at least twenty-five (25) medical, vocational or other expert witness depositions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Applicant's Name

<p>Have you, during the last 5 years, directly participated in at least 7 of the following categories of cases? If so, check-off all of those applicable.</p>	
<input type="checkbox"/> Claim Petitions <input type="checkbox"/> Fatal Claim Petitions <input type="checkbox"/> Specific Loss Claims <input type="checkbox"/> Utilization Review <input type="checkbox"/> Termination Petitions <input type="checkbox"/> Suspension Petitions <input type="checkbox"/> Modification Petitions	<input type="checkbox"/> Occupational Disease Claims under Section 108 of the Workers' Compensation Act <input type="checkbox"/> Compromise and Release Proceedings <input type="checkbox"/> Appeals before the Workers' Compensation Appeal Board <input type="checkbox"/> Appeals before the Commonwealth Court <input type="checkbox"/> Appeals before the Supreme Court

**Itemization of Substantial Workers' Compensation Litigation Involvement**

An applicant for Recertification must show, during the last five (5) years, substantial involvement in at least ten (10) litigated Pennsylvania workers' compensation cases. Please provide the information requested for each case.

Case #1

Name of Claimant	Party Represented (Claimant or Defendant)
Last Four Digits of Claimant's SSN	WCAIS or Bureau Claim/Appeal/Docket Number
Name of Employer	Type of Petition
Date of Injury	Decision Circulation Date
<p>During the litigation of this matter, I performed the following functions:</p>	
<input type="checkbox"/> Direct or cross examination of the claimant <input type="checkbox"/> Direct or cross examination of claimant's medical expert <input type="checkbox"/> Direct or cross examination of employer's medical expert <input type="checkbox"/> Direct or cross examination of a vocational witness <input type="checkbox"/> Direct or cross examination of fact witnesses <input type="checkbox"/> Preparation of any Bureau Documents	<input type="checkbox"/> Preparation of a Stipulation of Facts <input type="checkbox"/> Preparation of proposed findings of fact, conclusions of law and a brief <input type="checkbox"/> Preparation of an appeal <input type="checkbox"/> Attendance at any appellate oral argument <input type="checkbox"/> Participation in Mediation <input type="checkbox"/> Participation in a Compromise and Release Proceeding

Applicant's Name

**Case #2**

Name of Claimant	Party Represented (Claimant or Defendant)
Last Four Digits of Claimant's SSN	WCAIS or Bureau Claim/Appeal/Docket Number
Name of Employer	Type of Petition
Date of Injury	Decision Circulation Date
During the litigation of this matter, I performed the following functions:	
<input type="checkbox"/> Direct or cross examination of the claimant <input type="checkbox"/> Direct or cross examination of claimant's medical expert <input type="checkbox"/> Direct or cross examination of employer's medical expert <input type="checkbox"/> Direct or cross examination of a vocational witness <input type="checkbox"/> Direct or cross examination of fact witnesses <input type="checkbox"/> Preparation of any Bureau Documents	<input type="checkbox"/> Preparation of a Stipulation of Facts <input type="checkbox"/> Preparation of proposed findings of fact, conclusions of law and a brief <input type="checkbox"/> Preparation of an appeal <input type="checkbox"/> Attendance at any appellate oral argument <input type="checkbox"/> Participation in Mediation <input type="checkbox"/> Participation in a Compromise and Release Proceeding

**Case #3**

Name of Claimant	Party Represented (Claimant or Defendant)
Last Four Digits of Claimant's SSN	WCAIS or Bureau Claim/Appeal/Docket Number
Name of Defendant	Type of Petition
Date of Injury	Decision Circulation Date
During the litigation of this matter, I performed the following functions:	
<input type="checkbox"/> Direct or cross examination of the claimant <input type="checkbox"/> Direct or cross examination of claimant's medical expert <input type="checkbox"/> Direct or cross examination of employer's medical expert <input type="checkbox"/> Direct or cross examination of a vocational witness <input type="checkbox"/> Direct or cross examination of fact witnesses <input type="checkbox"/> Preparation of any Bureau Documents	<input type="checkbox"/> Preparation of a Stipulation of Facts <input type="checkbox"/> Preparation of proposed findings of fact, conclusions of law and a brief <input type="checkbox"/> Preparation of an appeal <input type="checkbox"/> Attendance at any appellate oral argument <input type="checkbox"/> Participation in Mediation <input type="checkbox"/> Participation in a Compromise and Release Proceeding

Applicant's Name

Case #4

Name of Claimant	Party Represented (Claimant or Defendant)
Last Four Digits of Claimant's SSN	WCAIS or Bureau Claim/Appeal/Docket Number
Name of Employer	Type of Petition
Date of Injury	Decision Circulation Date
During the litigation of this matter, I performed the following functions:	
<input type="checkbox"/> Direct or cross examination of the claimant <input type="checkbox"/> Direct or cross examination of claimant's medical expert <input type="checkbox"/> Direct or cross examination of employer's medical expert <input type="checkbox"/> Direct or cross examination of a vocational witness <input type="checkbox"/> Direct or cross examination of fact witnesses <input type="checkbox"/> Preparation of any Bureau Documents	<input type="checkbox"/> Preparation of a Stipulation of Facts <input type="checkbox"/> Preparation of proposed findings of fact, conclusions of law and a brief <input type="checkbox"/> Preparation of an appeal <input type="checkbox"/> Attendance at any appellate oral argument <input type="checkbox"/> Participation in Mediation <input type="checkbox"/> Participation in a Compromise and Release Proceeding

Case #5

Name of Claimant	Party Represented (Claimant or Defendant)
Last Four Digits of Claimant's SSN	WCAIS or Bureau Claim/Appeal/Docket Number
Name of Employer	Type of Petition
Date of Injury	Decision Circulation Date
During the litigation of this matter, I performed the following functions:	
<input type="checkbox"/> Direct or cross examination of the claimant <input type="checkbox"/> Direct or cross examination of claimant's medical expert <input type="checkbox"/> Direct or cross examination of employer's medical expert <input type="checkbox"/> Direct or cross examination of a vocational witness <input type="checkbox"/> Direct or cross examination of fact witnesses <input type="checkbox"/> Preparation of any Bureau Documents	<input type="checkbox"/> Preparation of a Stipulation of Facts <input type="checkbox"/> Preparation of proposed findings of fact, conclusions of law and a brief <input type="checkbox"/> Preparation of an appeal <input type="checkbox"/> Attendance at any appellate oral argument <input type="checkbox"/> Participation in Mediation <input type="checkbox"/> Participation in a Compromise and Release Proceeding

Applicant's Name

Case #6

Name of Claimant	Party Represented (Claimant or Defendant)
Last Four Digits of Claimant's SSN	WCAIS or Bureau Claim/Appeal/Docket Number
Name of Employer	Type of Petition
Date of Injury	Decision Circulation Date
During the litigation of this matter, I performed the following functions:	
<input type="checkbox"/> Direct or cross examination of the claimant <input type="checkbox"/> Direct or cross examination of claimant's medical expert <input type="checkbox"/> Direct or cross examination of employer's medical expert <input type="checkbox"/> Direct or cross examination of a vocational witness <input type="checkbox"/> Direct or cross examination of fact witnesses <input type="checkbox"/> Preparation of any Bureau Documents	<input type="checkbox"/> Preparation of a Stipulation of Facts <input type="checkbox"/> Preparation of proposed findings of fact, conclusions of law and a brief <input type="checkbox"/> Preparation of an appeal <input type="checkbox"/> Attendance at any appellate oral argument <input type="checkbox"/> Participation in Mediation <input type="checkbox"/> Participation in a Compromise and Release Proceeding

Case #7

Name of Claimant	Party Represented (Claimant or Defendant)
Last Four Digits of Claimant's SSN	WCAIS or Bureau Claim/Appeal/Docket Number
Name of Employer	Type of Petition
Date of Injury	Decision Circulation Date
During the litigation of this matter, I performed the following functions:	
<input type="checkbox"/> Direct or cross examination of the claimant <input type="checkbox"/> Direct or cross examination of claimant's medical expert <input type="checkbox"/> Direct or cross examination of employer's medical expert <input type="checkbox"/> Direct or cross examination of a vocational witness <input type="checkbox"/> Direct or cross examination of fact witnesses <input type="checkbox"/> Preparation of any Bureau Documents	<input type="checkbox"/> Preparation of a Stipulation of Facts <input type="checkbox"/> Preparation of proposed findings of fact, conclusions of law and a brief <input type="checkbox"/> Preparation of an appeal <input type="checkbox"/> Attendance at any appellate oral argument <input type="checkbox"/> Participation in Mediation <input type="checkbox"/> Participation in a Compromise and Release Proceeding

Applicant's Name

Case #8

Name of Claimant	Party Represented (Claimant or Defendant)
Last Four Digits of Claimant's SSN	WCAIS or Bureau Claim/Appeal/Docket Number
Name of Employer	Type of Petition
Date of Injury	Decision Circulation Date
During the litigation of this matter, I performed the following functions:	
<input type="checkbox"/> Direct or cross examination of the claimant <input type="checkbox"/> Direct or cross examination of claimant's medical expert <input type="checkbox"/> Direct or cross examination of employer's medical expert <input type="checkbox"/> Direct or cross examination of a vocational witness <input type="checkbox"/> Direct or cross examination of fact witnesses <input type="checkbox"/> Preparation of any Bureau Documents	<input type="checkbox"/> Preparation of a Stipulation of Facts <input type="checkbox"/> Preparation of proposed findings of fact, conclusions of law and a brief <input type="checkbox"/> Preparation of an appeal <input type="checkbox"/> Attendance at any appellate oral argument <input type="checkbox"/> Participation in Mediation <input type="checkbox"/> Participation in a Compromise and Release Proceeding

Case #9

Name of Claimant	Party Represented (Claimant or Defendant)
Last Four Digits of Claimant's SSN	WCAIS or Bureau Claim/Appeal/Docket Number
Name of Employer	Type of Petition
Date of Injury	Decision Circulation Date
During the litigation of this matter, I performed the following functions:	
<input type="checkbox"/> Direct or cross examination of the claimant <input type="checkbox"/> Direct or cross examination of claimant's medical expert <input type="checkbox"/> Direct or cross examination of employer's medical expert <input type="checkbox"/> Direct or cross examination of a vocational witness <input type="checkbox"/> Direct or cross examination of fact witnesses <input type="checkbox"/> Preparation of any Bureau Documents	<input type="checkbox"/> Preparation of a Stipulation of Facts <input type="checkbox"/> Preparation of proposed findings of fact, conclusions of law and a brief <input type="checkbox"/> Preparation of an appeal <input type="checkbox"/> Attendance at any appellate oral argument <input type="checkbox"/> Participation in Mediation <input type="checkbox"/> Participation in a Compromise and Release Proceeding

Applicant's Name

Case #10

Name of Claimant	Party Represented (Claimant or Defendant)
Last Four Digits of Claimant's SSN	WCAIS or Bureau Claim/Appeal/Docket Number
Name of Employer	Type of Petition
Date of Injury	Decision Circulation Date
During the litigation of this matter, I performed the following functions:	
<input type="checkbox"/> Direct or cross examination of the claimant <input type="checkbox"/> Direct or cross examination of claimant's medical expert <input type="checkbox"/> Direct or cross examination of employer's medical expert <input type="checkbox"/> Direct or cross examination of a vocational witness <input type="checkbox"/> Direct or cross examination of fact witnesses <input type="checkbox"/> Preparation of any Bureau Documents	<input type="checkbox"/> Preparation of a Stipulation of Facts <input type="checkbox"/> Preparation of proposed findings of fact, conclusions of law and a brief <input type="checkbox"/> Preparation of an appeal <input type="checkbox"/> Attendance at any appellate oral argument <input type="checkbox"/> Participation in Mediation <input type="checkbox"/> Participation in a Compromise and Release Proceeding

**Please attach** three (3) samples of any of the following documents which you have personally authored.

- Proposed Findings of Fact, Conclusions of Law and Brief submitted to a Workers' Compensation Judge
- Brief filed with the Workers' Compensation Appeal Board
- Petition for Supersedeas and/or Answer to Supersedeas before the Workers' Compensation Appeal Board and/or Commonwealth Court
- Brief filed with the Commonwealth Court

**Please attach** a list of any writings published in recognized publications in the field of workers' compensation.

**I hereby certify that the foregoing information is true and correct to the best of my knowledge, information and belief.**

Signature of Applicant	Date

Applicant's Name

## Application Agreement

In connection with my application and Recertification (if granted) I agree to abide by all rules, regulations and procedures promulgated by the Pennsylvania Supreme Court as amended from time to time and to pay all fees required by the Court or the Certifying Agency, as due.

In making and filing this application for Recertification and in any subsequent evaluation of my status, I authorize all persons, firms, officers, corporations, associations, organizations, State or Federal agencies and institutions to furnish to the Certifying Agency (Pennsylvania Bar Association Workers' Compensation Law Certification Committee) or any of its authorized representatives, all relevant documents, records or other information that may be requested in the investigation of this application.

I further agree that all information received by the Certifying Agency from any person may be treated confidentially by that Agency. I hereby waive that confidentiality with regard to any state agency with jurisdiction over legal specialization and also with regard to any organization or entity approved by the Supreme Court to certify legal specialists to which I have applied.

I release, discharge and exonerate the Certifying Agency, its officers, committee members, staff agents, employees and representatives and any person furnishing information or evaluations to the agency, from any and all liability of every nature and kind arising from investigation and evaluation of my application or my continuing satisfaction of the standards for certification.

I agree to defend or pay the costs of defense, at the discretion of the Certifying Agency, for any suit or claim initiated against the Certifying Agency and its committee members, and to indemnify the Certifying Agency and its committee members for any judgment or settlement ordered or paid as a result of any legal action arising from my application or from my certification by the Pennsylvania Supreme Court.

I agree that in the event my certification is suspended or revoked or I am not recertified, I shall immediately cease to hold myself out in any way as an attorney certified in workers' compensation by the Pennsylvania Supreme Court, and will remove my certificate from public display.

I hereby certify that I have personally reviewed each part of my application and all supporting documents carefully, and made each statement and representation therein, and answered each question therein, fully and frankly and without concealment or reservation. Such questions and answers are, within my personal knowledge, true and complete.

**I hereby certify that the foregoing information is true and correct to the best of my knowledge, information and belief.**

Signature of Applicant	Date



Applicant's Name

### Certified Disclosure of Conduct

To my best personal knowledge: (Please check all applicable boxes)

- No criminal charges have been filed against me.
- No allegations of unethical or inappropriate professional conduct have been filed against me with any court, grievance committee or other disciplinary board or body.
- No claim of professional negligence or other professional liability has been asserted against me (with or without the filing of suit) based in any part on my acts or omissions or on those of any other attorney over whom I have supervisory responsibility.
- I carry Professional Liability Insurance.

My liability limits are	
My insurance carrier is	
The policy number is	

- I agree to adhere to the "Code of Civility" as set forth by the Pennsylvania Supreme Court.

If you cannot check all of the above, please attach a detailed explanation of the matter. The Certifying Agency may request additional information bearing on the matter and shall determine, in accordance with the provisions of Article IX of the By-Laws of the Worker's Compensation Law Section of the Pennsylvania Bar Association, whether the circumstances are such that the attorney should be granted certification, denied certification, have his or her certification suspended or revoked, or whether it will take no action or defer action pending receipt of further information. This disclosure should include material that would not otherwise be disclosed to the public unless disclosure is otherwise prohibited by state law and cannot be waived.

The failure of an applicant to promptly disclose the requested information is a material misrepresentation and may be cause for rejecting an application or refusing to grant certification. The applicant shall have a Continuing Duty to disclose promptly to the Certifying Agency, any such matters arising after the filing of the application.

Once an applicant is a Certified Workers' Compensation Attorney, he or she shall have a Continuing Duty to report such information. Failure to promptly report may be cause for revocation of certification.

#### CERTIFICATION

I hereby certify that I have personally reviewed the above information and that it is true according to the best of my knowledge and belief.

Signature of Applicant	Date