

Request for Certification or Re-certification as Law Student Practitioner

- Initial Certification
- Re-certification

Name: _____
 Last First Middle

Email Address: _____

Name of Supervising Lawyer: _____

(Please attach letter from supervising lawyer to form. See instructions for more information.)

- I have reviewed Rule 6 and agree to comply.
- I have reviewed Rule 11 and understand that certification lasts for 12 months, unless an event listed in Rule 11A occurs.

Signature

Please provide form to law school registrar. Additional information can be found on the Board's website www.ble.mn.gov