

Application for Certification

Please fill out the following pages of the application form or download the form at alanet.org/education/certification.

Applications can be printed or typed. Be sure to sign the application and include exam payment with your mailing.

Last Name

First Name

Middle

Preferred Mailing Address for Your CLM Exam Results

Business Phone

Fax

Email

Home or Cell Phone

ALA Member Number

Employing Organization

Organization's Address (if different from Preferred Address)

Organization's General Phone

Please List Exam Date:

Exam Date

All applications must be submitted or postmarked by the application deadline. Applicants are encouraged to apply early to secure their preferred exam location.

Candidates with Job Description 1 (Principal Administrators and Branch Office Managers)

Candidates who are principal administrators must have three (3) years of experience as a principal administrator or a branch office manager of a law firm or law office in an exempt level position.

Dates of Employment in Your Current Position

Are you currently employed in this position?

Yes. Enter Start Date:

No. Enter End Date:

Is this a full-time position? Yes

No

Employer:

If less than three years, list the dates of your previous employment as a Principal Administrator:

Start Date:

End Date:

Was this a full-time position? Yes

No

Candidates with Job Descriptions 2-7 (Functional Specialists)

Functional Specialists must have three (3) full-time years of experience in a supervisory position as an exempt specialist in a law firm or legal department in any of the functional areas. A supervisory position is one in which you have primary responsibility for employee selection and termination, evaluation, salary determination and assignment of work.

Dates of Employment in Your Current Position

Are you currently employed in this position?

Yes. Enter Start Date:

No. Enter End Date:

Is this a full-time position? Yes

No

Number of employees you supervise(d):

Describe the positions you supervise(d):

Position title:

Date when you assumed supervisory responsibility for position:

If less than three years, list the dates of your previous employment as a Functional Specialist:

Start Date:

End Date:

Was this a full-time position?

Yes

No

Employer:

Number of employees you supervised:

Describe the positions you supervised (may use additional space):

Position title:

Date when you assumed supervisory responsibility for position: