



Certification of Actual Practice

I certify that I have been lawfully engaged in the practice of law as my principal means of livelihood for five of the last ten years in the following jurisdictions, and/or that I have taught law and/or supervised students within a clinical program as my principal means of livelihood for five of the last ten years at the following accredited law schools:

| | | | | |
|---------------------------|------|-------|----|-------|
| _____ | from | _____ | to | _____ |
| jurisdiction / law school | | date | | date |
| _____ | from | _____ | to | _____ |
| jurisdiction / law school | | date | | date |
| _____ | from | _____ | to | _____ |
| jurisdiction / law school | | date | | date |
| _____ | from | _____ | to | _____ |
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| _____ | from | _____ | to | _____ |
| jurisdiction / law school | | date | | date |
| _____ | from | _____ | to | _____ |
| jurisdiction / law school | | date | | date |
| _____ | from | _____ | to | _____ |
| jurisdiction / law school | | date | | date |

Applicant signature

Print name