APPLICATION FOR THE LIMITED PRACTICE BOARD EXAMINATION

NOTE: Applications with fingerprints and payment of $200 must be received at the WSBA offices by 5:00 p.m. on the application due date stated in the application memo.

Please type or print clearly.

Full name _____
Last First Middle (if no middle name, enter –)

Birth date _____ Social Security Number _____

Location where you will take exam: ☐ **Seattle** ☐ **Spokane**

Home Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Home Email _____

Application Checklist:

- Exam and administrative fee of $200.
- Two (2) completed applications (one complete original and one complete photocopy)
- Completed Fingerprint Card, sealed by the administering agency

Mail completed applications to:
Limited Practice Board
Washington State Bar Association
1325 Fourth Avenue Suite 600
Seattle, WA 98101-2539

Note to applicants:
Please read the questions carefully and answer the questions completely and honestly. You may need to look up additional information such as addresses, employers, professional license numbers and status, traffic record or criminal history to properly fill out the application. ***Answering "Yes" to any question does not automatically disqualify an applicant.*** **See application instruction memo for more information.**

For WSBA Office Use Only	Payment Information ☐ Mastercard ☐ Visa ☐ Amex ☐ Check (Make checks payable to the WSBA) Name (as it appears on the card) Signature Credit Card No. Exp Date Telephone Number Amount
Applicant ID Number: _____	
A/R Date:	For WSBA Office Use Only Check No. : Amount:

For the following questions, use an additional sheet if necessary:

1. List below all the other names or surnames you have used or been known by, and describe when, how, and why your name was changed (e.g., marriage, divorce, adoption, etc.).

Name used | Reason (maiden, married, etc) | Dates

_____

_____

2. Personal residential address(es) for the last five years:

■**Current Address (as listed on first page)** From Mo/Yr_____

Previous Addresses

■From Mo/Yr_____To Mo/Yr_____

Street Address_____

City_____State_____Zip_____

■From Mo/Yr_____To Mo/Yr_____

Street Address_____

City_____ State_____Zip_____

3. Have you ever been a member of the armed forces of the United States, its reserve components, or the National Guard? □ **Yes** □ **No**

If yes, complete a separate **FORM 1** for each period of service.

4. Please list your formal educational background, beginning with high school. Attach an additional sheet if necessary.

School/Institution | City, State | Degree/Diploma | Date

_____

_____

_____

5. Please list all courses and seminars that you attended (or will attend) and all reference books you have used (or will use) specifically for the purpose of preparing for the LPO exam. Attach an additional sheet if necessary.

Course/Book Title | Location or Author | Dates

_____

_____

_____

6. How many years of practical experience do you have in the real estate, escrow, and/or title industry? (list years/type of experience)_____

_____

7. Please list your employment and unemployment information for the past five years, beginning with the current or most recent. Employment encompasses all part-time and full-time employment, including self-employment, military service, volunteer work, and temporary employment. If you were employed by a temporary agency, provide the name, mailing address, and telephone number of the temporary agency and also note the name of the firm/company to which you were assigned. **Attach an additional sheet if necessary.**

Current Employment ☐ Currently Unemployed Since Mo/Yr____

■From Mo/Yr_____To PRESENT

Employment Position/Description of Unemployment _____

Employer or Firm_____

Supervisor/Associate Name_____

Employer or Firm Mailing Address _____

City_____State_____Zip_____

Employer Telephone (____)_____Employer E-mail_____

Past Employment

■From Mo/Yr_____ To Mo/Yr_____ ☐ Unemployment Period

Employment Position/Description of Unemployment_____

Employer or Firm_____

(At time of employment)

Reason for Leaving_____

Supervisor/Associate Name_____

Employer or Firm Mailing Address _____

City_____State_____Zip_____

Employer Telephone (____)_____Employer E-mail_____

■From Mo/Yr_____ To Mo/Yr_____ ☐ Unemployment Period

Employment Position/Description of Unemployment_____

Employer or Firm_____

(At time of employment)

Reason for Leaving_____

Supervisor/Associate Name_____

Employer or Firm Mailing Address _____

City_____State_____Zip_____

Employer Telephone (____)_____Employer E-mail_____

8. **Have you ever been terminated, suspended, disciplined, laid-off for misconduct or dishonesty, or permitted to resign in lieu of termination from any job?** □ **Yes** □ **No**

If yes, provide the following information about each occurrence:

■Employer or Firm_____

Dates of Employment: From Mo/Yr_____ To Mo/Yr_____

Disposition: □ Terminated □ Suspended □ Disciplined □ Laid-Off □ Permitted to resign

Date of disposition (Mo/Yr)_____

Explanation of circumstances_____

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9. List all other professional licenses issued to you. This includes notary, escrow, real estate or other license held in the State of Washington or any other state.

Type of License, Issuing Agency	License Number	Current Status

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10. Have you ever been denied a license or had a license terminated or revoked for business, trade, or profession (e.g., escrow agent, notary, CPA, real estate broker)? □ **Yes** □ **No**

If yes, please provide the following information for each denial or revocation:

Action Type: □ Denial □ Revocation

License (Type, Application Date, License Number)_____

Name of Regulatory Agency_____

Address_____

City_____State_____Zip_____

Action Taken_____Date_____

Explanation_____

_____

11. Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of another profession, or as a holder of public office? □ **Yes** □ **No**

12. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as a member of any other profession, or as a holder of public office, including any now pending? □ **Yes** □ **No**

If you answered yes, please provide the following information for each matter:

Name of Regulatory Agency_____

Address_____

City_____State_____Zip_____

Country_____Province_____

Case Number (if applicable)_____

Action Taken_____Date_____

Explanation_____

_____

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13. Has any surety on any bond on which you were the principal been required to pay any money on your behalf? □ **Yes** □ **No**

If yes, complete **FORM 2.**

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14. Have you previously applied for the Limited Practice Board Exam? □ **Yes** □ **No**

How many times? _____

Date application(s) made (Mo/Yr)_____

Date examination(s) taken (Mo/Yr)_____

15. Have you previously been certified as a Limited Practice Officer? □ **Yes** □ **No**

LPO Number: _____Current Status:_____

If revoked, please state reason: _____

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16. Have you ever applied for or been admitted, licensed, or authorized to practice law in any U.S. jurisdiction or foreign jurisdiction? □ **Yes** □ **No**

■If yes:

Name of U.S. jurisdiction, tribal court, or foreign jurisdiction_____

Name and address of foreign bar authority_____

Date application made (Mo/Yr)_____

Date examination taken (Mo/Yr)_____

Reason not admitted: □ Failed exam □ Withdrew application □ Pending □ Denied □ Other reason

Explanation_____

_____

Admission or Readmission date (Mo/Day/Yr)_____ Bar Number*_____

If you are/were admitted as an attorney:

■ Have you ever been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney? □ **Yes** □ **No**

■ Have you ever been the subject of any charges, complaints, or grievances (formal or informal) concerning your conduct as an attorney, including any now pending? □ **Yes** □ **No**

17. Have you ever been the subject of any charges, complaints, or grievances (formal or informal) alleging that you engaged in the unauthorized practice of law, including any now pending? □ **Yes** □ **No**

If the answer is yes, please provide the following information for each matter:

Name of Regulatory Agency_____

Address_____

City_____State_____Zip_____

Case Number (if applicable)_____

Action Taken_____Date_____

Explanation_____

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18. Have you ever been a named party to any civil action? □ **Yes** □ **No**

NOTE: Family law matters (including continuing orders for child support) should be included here.

If yes, complete a separate **FORM 3** for each action.

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19. Have you ever had a complaint or action (including, but not limited to, allegations of fraud, deceit, misrepresentation, forgery, or malpractice) initiated against you in any administrative forum? □ **Yes** □ **No**

If yes, complete a separate **FORM 3A** for each complaint or action.

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20. Have you ever filed a petition for bankruptcy? □ **Yes** □ **No**

If yes, complete a separate **FORM 4** for each bankruptcy petition filed.

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21. a. Have you ever defaulted on any student loans? □ **Yes** □ **No**

b. Have you ever defaulted on any other debt? □ **Yes** □ **No**

If your answer to Question 20 is yes, are there any additional debts not reported in Questions 1(a & b) that were not discharged in bankruptcy? □ Yes □ No

If you answered yes to this section, complete a separate **FORM 6** for each debt.

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22. a. Have you ever been cited for, arrested for, charged with, or convicted of any alcohol- or drug-related traffic violation including any cases resolved in juvenile court? □ **Yes** □ **No**

If yes, complete a separate **FORM 5** for each incident.

b. Have you been cited for, arrested for, charged with, or convicted of any moving traffic violation during the past ten years? (Omit parking violations.) □ **Yes** □ **No**

If yes, report each incident on **FORM 5T**.

NOTE: Your responses must include matters that have been dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

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23. Have you ever been cited for, arrested for, charged with, or convicted of any violation of <u>any law</u> including any cases resolved in juvenile court? □ **Yes** □ **No**

If yes, complete a separate **FORM 5** for each incident. (Report traffic violations above)

NOTE: Include matters that have been sealed, dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.

PREAMBLE TO QUESTIONS 24 and 25

Through this application, the Limited Practice Board makes inquiry about recent mental health and addiction matters. This information, along with all other information, is treated confidentially by the Limited Practice Board and the Washington State Bar Association. The purpose of such inquiries is to determine the current fitness of an applicant to perform the duties of a Limited Practice Officer. The mere fact of treatment for mental health problems or addictions is not, in itself, a basis on which an applicant is denied certification.

The Washington Supreme Court may deny admission to applicants whose ability to practice in a competent and professional manner is affected by a mental health condition, or drug and alcohol dependency or abuse, or to applicants who demonstrate a lack of candor by their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the Limited Practice Board and the Washington State Bar Association; further, the applicant bears the burden of proving current fitness to practice.

The Limited Practice Board does not seek information about treatment or counseling that is commonly characterized as situational or adjustment counseling, provided the reason for the counseling does not arise from an act of violence by the applicant. Examples of situational or adjustment counseling include stress counseling, relationship counseling, grief counseling, and counseling for eating and sleeping disorders.

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24. A. During the past five years, have you experienced, been diagnosed with, or undergone treatment for any condition or impairment (including, but not limited to, substance abuse or dependency, alcohol abuse or dependency, or a psychotic, mental, emotional, or nervous disorder or condition) which affects, or if untreated could affect, your ability to perform the duties of a Limited Practice Officer in a competent and professional manner?

□ Yes □ No

24. B. If your answer to Question 24(A) is yes, are the limitations caused by your mental health condition or substance abuse problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program? **□ Yes □ No**

If your answer to Question 24(A) or (B) is yes, complete **FORMS 7** & **8**. Duplicate **FORMS 7** & **8** as needed.

25. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization, or licensing authority? □ **Yes** □ **No**

If you answered yes, provide a detailed explanation below:

Name of Entity before which the issue was raised (i.e., court, agency, etc.)_____

_____

Address_____

City_____State_____Zip_____Telephone__(_____)_____

Country_____Province_____

Nature of the Proceeding_____

Date of disposition_____

Disposition_____

Explanation_____

_____

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_____

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26. Do you have a disability for which you will need reasonable accommodation in taking the exam? □ **Yes** □ **No**

If Yes, please notify the WSBA in writing at least 30 days prior to the exam.
Medical documentation must support all requests.

AUTHORIZATION, RELEASE AND AFFIDAVIT OF APPLICANT

I, (Name)_____,

born at (City)_____, (State)_____,

(**COUNTRY)**_____, on (Date of Birth)_____,

having filed an application for admission to limited practice as a Limited Practice Officer in Washington State, hereby apply for a character report to be prepared by the Washington State Limited Practice Board. I further consent to allow the Limited Practice Board to conduct an investigation as to my moral character, professional reputation, and fitness for the limited practice as a Limited Practice Officer under Rule 12 of the Admission to Practice Rules. I further agree to provide additional information which may be required concerning my past record. I understand that the contents of my character report are treated confidentially by the Washington State Limited Practice Board and the Washington State Bar Association.

I also authorize and request every person, firm, company, corporation, association, court, school, college, university, other educational institution, government agency, law enforcement agency, and any other agency having control of any records, files, documents, writings, or other information pertaining to me to furnish to the WSBA and the Limited Practice Board any such information regarding any and all charges, complaints, disciplinary actions, grievances, sanctions, suspensions, reprimands, disqualifications, censures, resignations, terminations, citations, arrests, indictments, convictions, judgments, courts-martial, non-judicial punishments, or administrative discharges (including those dismissed or otherwise erased or expunged by law, whether formal or informal, pending or closed), or any other pertinent data or information pertaining to me. I further authorize the Limited Practice Board, the WSBA or any of its agents or representatives to inspect and make copies of such documents, records, or other information.

I authorize the National Personnel Records Center in St. Louis, MO, or other custodian of my military record to release to the Limited Practice Board and the WSBA information or photocopies from my military record.

I hereby release, discharge and exonerate the Washington State Limited Practice Board, its agents and representatives, the Washington State Bar Association, its agents and representatives, and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information, or the investigation made by the Washington State Bar Association.

I have read the foregoing document and application and have answered all questions fully and frankly. The answers and statements are complete and are true of my own knowledge.

_____

Signature of Applicant Date

STATE/DISTRICT OF_____

COUNTY/PARISH OF_____

Subscribed and sworn to or affirmed before me this_____day

of _____, _____

Month Year

_____

Signature of Notary Public

My commission expires_____

Seal or stamp must be affixed to each original.