



[www.FALSS.org](http://www.FALSS.org)

## FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS, INC.

FALSS Association Headquarters  
Attn.: **Certifying Board**  
c/o 3827 McFarlane Drive  
Tallahassee, FL 32303

### BOARD CERTIFIED LEGAL SUPPORT SPECIALIST APPLICATION OF THE FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS, INC. (FALSS)

#### “FAMILY LAW”

Completed application, verification documentation, and examination fee must be submitted to FALSS Association Headquarters postmarked by the application deadline listed below. The examination fee (\$75 for members and \$125 for non-members) is payable to **FALSS Board Certification Program** by check or money order. The fee is non-refundable.

**QUALIFICATION REQUIREMENTS:** Applicant must have been employed in the legal field on a full-time basis for five (5) years, with three (3) years in the specific area of law; provide verification of such experience; provide evidence of eight (8) hours of continuing education, five (5) of which shall be in the specialty area prior to making application; and achieve a passing score on the specialty area examination. Other education or experience may be considered toward eligibility.

**RESOURCE MATERIALS:** Mandatory references are the *current* editions of: (1) *Florida Statutes and Florida Family Law Rules*; (2) *A Standard of Professional Ethics for the Legal Support Specialist*; (3) *The Gregg Reference Manual*; and (4) *FALSS Study Guide*.

**BOARD CERTIFIED FAMILY LAW:** The examination will consist of: (1) Specific questions on Family Law procedures, and (2) General questions on communication skills, ethics, exercise of judgment, and general legal knowledge.

**REFUND POLICY:** The fee is non-refundable. Applicants are eligible to transfer from one testing session to another upon payment of a \$20 non-refundable transfer fee. Applications may be transferred a maximum of three (3) times within 24 months of the initial application date. Transfers are discouraged except in emergency situations.

**APPLICATION DEADLINE:** Sixty (60) days prior to examination. For examination schedule, see [www.falss.org](http://www.falss.org) or write to the address above.

**TESTING CENTER SELECTION:** Testing center locations for specialty area examinations are limited and will vary. Information on testing locations will be provided to all applicants as soon as available.

#### [PLEASE PRINT OR TYPE]

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_

Office Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**ATTESTATION FOR SPECIALTY AREA EXAM.** I certify that the information provided is complete and truthful. I agree not to divulge the contents of any question in the specialty area examination, and agree to be bound by the FALSS Code of Ethics. I understand that any specialty area designation may be suspended or revoked and that I may be prohibited from taking any FALSS exam for the following reasons: (1) Falsification of information on application; (2) Failure to meet continuing legal education requirements as required by the Certifying Board; (3) Divulging contents of any examination question; (4) Subsequent conviction of a felony; and (5) Violation of the FALSS Code of Ethics.

With full knowledge of the above requirements and agreeing to be bound by any decision of the Certifying Board of the Florida Association of Legal Support Specialists, Inc., with respect to examinations or designations, I submit this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_