



**FLORIDA ASSOCIATION OF
LEGAL SUPPORT SPECIALISTS, INC.**

www.FALSS.org

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

**BOARD CERTIFIED LEGAL SUPPORT SPECIALIST
“RETAKE EXAMINATION APPLICATION”
OF THE FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS, INC. (FALSS)**

Completed application and retake examination fee must be submitted to FALSS Association Headquarters postmarked by the application deadline listed below.

RETAKE POLICY: There are two sections on the specialty area examination. If an applicant fails a section of the examination, the applicant may retake that section. A maximum of two retake sessions in a three-year period will be permitted. If both sections are not passed within two years, the applicant must reapply to take the full examination.

RETAKE EXAMINATION FEES: The retake fee for the general section is \$10 for members and \$20 for non-members. The retake fee for the specialty area section is \$30 for members and \$60 for non-members. Payment should be made to **FALSS Board Certification Program** by check or money order. The fee is non-refundable and non-transferrable.

RETAKE APPLICATION DEADLINE: Sixty (60) days prior to examination. For examination schedule, see 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: _____

RETAKE EXAMINATION:

- | | | |
|--------------------------|-------------------------|-----------------|
| <input type="checkbox"/> | General Section | \$10 Member |
| <input type="checkbox"/> | General Section | \$20 Non-Member |
| <input type="checkbox"/> | Specialty Area | \$30 Member |
| <input type="checkbox"/> | Specialty Area | \$60 Non-Member |
| <input type="checkbox"/> | Specify Specialty Area: | _____ |

Retake Fees are non-refundable and non-transferable.

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: _____