



30 Bank Street  
PO Box 350  
New Britain  
CT 06050-0350  
06051 for 30 Bank Street  
P: (860) 223-4400  
F: (860) 223-4488

**Notice of Intent to Apply for Certification as a Workers' Compensation Specialist**

The **Notice of Intent to Apply** must be accompanied by a non-refundable **\$50.00 fee**. If the applicant subsequently files an application, the \$50.00 will be credited to the application fee. Upon receipt of the Notice of Intent to Apply by the Connecticut Bar Association Staff Advisor, the applicant will be sent an application package.

**Please send the Notice of Intent to Apply and \$50.00 (payable to Connecticut Bar Association) by January 15, 2010 to:**

Standing Committee on Workers' Compensation Certification  
c/o Holly Fox  
Connecticut Bar Association  
30 Bank Street  
PO Box 350  
New Britain, Connecticut 06050-0350

1. Name as you wish it to appear on your certificate:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Last) (First) (Middle)

2. If you did not enter your full name in #1 above or you have used any other name within the last ten (10) years, list below:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Last) (First) (Middle)

3. Correspondence (mailing) address:

a. \_\_\_\_\_  
(Street) (P.O. Box)

b. \_\_\_\_\_  
(City) (State) (Zip Code)

4. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Date) (Year)

5. Do you need any special accommodations during the administration of the written examination\*?  
a.  Yes b.  No

\*If you checked yes to question 5, the Staff Advisor shall forward to you a petition for non-standard testing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Updated 11/5/09