

**Allegheny County
Bar Association**

*Raising the Bar
on Legal and Community Service*

**Lawyer Referral Service Application
for Medical Malpractice Panel**

Koppers Building, 436 Seventh Ave., 3rd Fl., Pittsburgh, Pennsylvania 15219

In order to receive referrals on the above-referenced panel you must complete the following form and return it with your panel application.

NAME: _____

I certify that I have handled to their conclusion through settlement, judgment or other award, at least one medical malpractice case that has proceeded at least through discovery. (Please provide caption.)

1. _____

I further certify that I have accrued at least twelve hours of CLE credit in the area of personal injury or civil litigation in the last two years. This CLE credit has been obtained as follows:

Name of Seminar	Date	Sponsor	Credits
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Signature: _____

Date: _____

Note: The above requirements may be waived upon demonstration of comparable experience.