

Submit to Regulatory Counsel's Office of the Oregon State Bar

Submission only via the Temporary Practice SmartSheet Link (Do not Mail)  
The Temporary Practice SmartSheet link is located on the Temporary Practice Webpage

**Application for Temporary Practice with Admission Application Pending**  
**("Temporary Practice Application")**

**Section 1: Identification of Parties and Contact Information**

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*First Name, Middle Name, Last Name*

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*Date of Birth*

*NCBE Number*

*Social Security No.*

*Job Title with Oregon Employer*

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*Physical Address*

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*Home Mailing Address*

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*Phone Number*

*Email Address*

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*Name of Employing Business, Firm or Lawyer (hereinafter, Employer)*

Check applicable box in describing employer:  Gov. Agency  Public Service Job  Business  Firm  OSB Member

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*Physical Address of Oregon Office in which you will practice (hereinafter, "Oregon Office").*

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*Mailing Address of Employer, if different from Oregon Office.*

*Employer email*

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*Supervising Attorney's Name (Appointed by Employer or Owner)*

*Supervising Attorney's OSB No.*

## Section 2 – Applicant Qualifications

### **2.A Qualifying Admissions Application (hereinafter, “Admissions Application”):**

2.A.1 Check the Box identifying the Alternative Admission Application you submitted to the Admissions Department:

Reciprocity    House Counsel    Military Spouse    UBE/Remote Score Transfer    Out-Of-State Pro Bono

Date Alternative Application was submitted to the Oregon State Board of Bar Examiners: \_\_\_\_\_

2.A.2 Did you answer “yes” to any Character and Fitness questions in your Admissions Application?    Yes    No

### **2.B Bar Admissions History**

2.B.1 In which jurisdictions have you applied for admission to practice law (whether admitted or not):

Jurisdiction	Application Type (Exam, Reciprocity, Etc.)	Date Admitted	Current Status?

2.B.2 For each jurisdiction listed in 2.B.1, you must supply one Certificate of Good Standing, which includes a statement of discipline, the date of which must not be greater than 90-days prior to this Temporary Practice Application, and for jurisdictions where your current status is not active, you must supply a document from the jurisdiction verifying your current status and the date of status change (“Qualifying Documents”).

Check this box if you submitted Qualifying Documents for each jurisdiction listed in 2.B.1 with your Admissions Application referenced in 2.A.1. If checked, do not submit any Qualifying Documents with this Temporary Practice Application.

### **2.C Other Qualification Data**

2.C.1 Do you have any doubts that you meet the qualifications required for the Admissions Application?    Yes    No

2.C.2 Have you been subject to a disciplinary suspension or disbarment in any jurisdiction?    Yes    No

2.C.3 Are you currently the subject of any disciplinary charge, investigation or bar complaint?    Yes    No

2.C.4 Have you ever been denied admission to practice law in any other US jurisdiction?    Yes    No

2.C.5 Are you presently employed by one of the following: A) a business whose legal services are provided from an office physically located within Oregon; B) a law firm who has an office physically located within Oregon; or C) an active member of the OSB, who has an office physically located within Oregon?    Yes    No

### **Section 3 –Professional Liability Insurance Requirement/Compliance** **Submission of Coverage or Request for Exemption**

Before submitting this Application or any other documents to RCO, please read and complete the Insurance Worksheet located here: <https://www.osbar.org/docs/admissions/TemporaryPractice/InsuranceRequirementWorksheet.pdf> (Worksheet”), to determine your best pathway for compliance with Oregon’s Insurance Requirements. Once you have completed the worksheet, select the applicable option by checking the appropriate box:

- Option 1 – I have completed the Worksheet and will obtain coverage through the Professional Liability Fund.

OR

- Option 2 – I have completed the Worksheet, and I am exempt from the insurance requirement based upon my employment or practice area. I have provided a narrative stating my qualifications for an exemption, which I will submit with this application when I upload my application in the Temporary Practice SmartSheet. I agree to respond to any inquiries from RCO related to this exemption request, and provide any documentation reasonably related to the determination of my qualifications for this exemption.

**Section 4 – Applicant’s Declaration:**

I, \_\_\_\_\_, hereby declare and affirm that:

1. I have read the Rules of the Supreme Court of the State of Oregon relating to admission to practice law in Oregon, and I make this application in accordance with those rules;
2. I have confirmed that all of the information provided in this TPA is complete and accurate, whether provided by me or a third party, especially the list of jurisdictions to which I have applied, became members of, or changed status in;
3. I agree to give any further information which may be required related to this TPA;
4. I hereby authorize the Supreme Court of the State of Oregon and the Oregon State Bar, or their agents or authorized representatives, to make a complete investigation confirming that the information contained in this TPA is complete and accurate, and to disclose information about me as may be necessary to conduct such an investigation;
5. I hereby release, discharge and exonerate the Oregon State Bar, their members, agents and representatives and any person, entity furnishing documents, records or information in connection with this application or the investigation discussed above from any and all liability of every nature and kind arising from any investigation or out of the furnishing, inspection or use of such documents, records and other information; and
6. I understand that any document, record or other information pertaining to me, furnished to the Oregon State Bar in connection with this TPA may not be privileged or confidential and might be disclosed to persons outside the Supreme Court or Oregon State Bar and their agents or authorized representatives without my prior consent and that this TPA and all materials in my TPA file are and shall remain the property of the Oregon State Bar.
7. I fully realize that the determination of whether I may be allowed to practice law in Oregon depends on the truth and completeness of my answers in this application and the information furnished with it;
8. I have read the Rules for Admission and the Oregon Rules of Professional Conduct and I will comply with all requirements to maintain the temporary license resulting from the approval of this TPA, including immediately notifying Regulatory Counsel of any event or action that may cause the suspension or termination of temporary license sought by this TPA.
9. I recognize that, until I am admitted as a member of the Oregon State Bar, I must maintain an active license in at least one other jurisdiction for which I am qualifying for admission in my Underlying Admission Application.
10. If I am engaging in the private practice of law, I will obtain and maintain professional liability coverage through the Professional Liability Fund for the period in which I practiced law under the Temporary License resulting from this TPA.
11. If I am employed by a government agency or instrumentality of a government agency, employed as house counsel for a business or non-profit, or work for legal aid or a public defender, I acknowledge that I may be exempt from purchasing PLF coverage, but such exemption must be confirmed by RCO, and will provide the documents requested by RCO for such confirmation.
12. I acknowledge that I am not authorized to practice law in Oregon under this Temporary Practice Application unless and until I receive an Authorization Notice from Regulatory Counsel’s Office, indicating that I have complied with all requirements for approval under the Temporary Practice Rule.

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND THAT ANY FALSE STATEMENT IN MY APPLICATION MAY RESULT IN THE DENIAL OF MY ADMISSION, UNDER ORS 9.220(2)(a).

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

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

**Section 5 – Employer Statement:**

**Verification of Employment of Applicant and Appointment of Supervising Attorney**

This Employer Statement is to be completed by Employer and Not Applicant

**5.A Employer Data & Contact Information**

\_\_\_\_\_  
*Name of Government, Agency, Business, Organization, Firm, Lawyer (hereinafter, "Employer")*

Check box for type of Employer:  Business  Firm  Solo OSB Mem.  Non-prof/pub. Service  Gov. Agency

\_\_\_\_\_  
*Physical Address of Office from which Applicant will work*

\_\_\_\_\_  
Employer Oregon Sec. of State Reg. Number or N/A

\_\_\_\_\_  
Full Name of Person completing and signing this Statement

\_\_\_\_\_  
Title

\_\_\_\_\_  
OSB Member# or N/A

\_\_\_\_\_  
Direct Phone

\_\_\_\_\_  
Direct Email

**5.B Legal Authority to make Representations, Affirmations and Appointments and Sign Statement**

5.B.1 Is your title one of the following: Sole Proprietor, Owner, Partner, President, CEO, Executive Director, General Counsel or VP/Director/Manager of HR or a Government Position that reflects similar authority?  Yes  No

5.B.2 If no to 5.B.1, are you an Authorized Representative for Employer with Oregon’s Secretary of State?  Yes  No

5.B.3 If no to 5.B.1 and 5.B.2, then attach a notarized document signed by an officer of Employer with one of the titles listed in 5.B.1, authorizing you to sign on behalf of Employer?  Attached  Not Applicable

**5.C Representations of Employer (Confirm Representation by marking your initials (or mark N/A) in space provided)**

Representations of Employer

Mark Initials if applicable. N/A if not.

5.C.1 Employer affirms that Applicant is a current employee of Employer \_\_\_\_\_

5.C.2 Employer acknowledges that Oregon attorneys engaged in the private practice of law must have professional liability insurance coverage from the Professional Liability Fund (PLF); or qualify for an exemption from such coverage (i.e. house-counsel, government attorney, or not engaged in the private practice of law); \_\_\_\_\_

5.C.3 Employer affirms that the attorney named in 5.C.7 below (hereinafter, "Supervising Attorney") is an owner, officer, manager, supervisor, employee, authorized agent, in-house attorney or an attorney who regularly represents Employer in matters not handled in-house, and has the required authority to carry out the duties and obligations of the Supervising Attorney for the Applicant; \_\_\_\_\_

5.C.4 Employer affirms that Supervising Attorney has been notified of this appointment, and instructed to read and understand the responsibilities of the Supervising Attorney stated in the Supervising Attorney Declaration in the following Section 6 and the Rules for Admission (RFA) 13.70 – 13.85; \_\_\_\_\_

5.C.5 Employer affirms that Supervising Attorney has been notified that, upon issuance of a notice authorizing Applicant to practice law in Oregon by RCO, Supervising Attorney's duties will include the day to day supervision over Applicant's activities that involve the practice of law and such duties are a continuing obligation until Applicant's temporary practice license is suspended or terminated; \_\_\_\_\_

5.C.6 Employer affirms that Supervising Attorney has been instructed to sign the Declaration in Section 6 \_\_\_\_\_

5.C.7 Employer has appointed the following Oregon State Bar Member, whose membership is active, as the Supervising Attorney for Applicant; \_\_\_\_\_

\_\_\_\_\_  
Name of Supervising Attorney for Applicant OSB Number

**5.D Certification of Employer Statement:**

I, \_\_\_\_\_, hereby certify and affirm that the information provided, and statements made, within this Employer Statement are true, accurate and complete.

\_\_\_\_\_  
**Sign to affirm, then Type or Print Name of Signatory** **Date Signed**

**Section 6 – Supervising Attorney Declaration:**

**6.A Supervising Attorney Data & Contact Information**

<i>Supervising Attorney's Name</i>		<i>OSB Number of Supervising Attorney</i>
<i>Physical Address of Supervising Attorney's Office</i>	<i>Phone</i>	<i>Email</i>
<i>Name of Applicant's Employer (Employer)</i>		<i>Your position, title or relationship with employer</i>

**6.B Declaration of Supervising Attorney:**

I, \_\_\_\_\_, hereby affirm and declare the following:

1. Any information provided in this Section 6 is true, complete and accurate;
2. I accept the appointment of Supervising Attorney for Applicant;
3. I understand and accept the duties and responsibilities related to the role of Applicant's Supervising Attorney, including ensuring the applicant's compliance with the Oregon Rules of Professional Conduct and avoidance of malpractice.
4. I will faithfully and diligently provide the supervision, oversight and actions required to fulfill these duties;
5. I have read the applicable rules related to Applicant's temporary license, including RFA 13.70 – 13.85 and Oregon Rules of Professional Conduct 5.1, and understand the consequences of failing to provide adequate supervision; and
6. I will ensure that Applicant complies with the rules and regulations governing the practice of law in Oregon, including the Rules for Admission and the regulations related to temporary license sought by this Application.

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