# **Health Law - CCB Certificate Services**

Minimum experience requirements are available on <u>LAO's website</u>.

nformation
Address:
Town/City:
Phone:
Email:

## Minimum related experience

I meet Legal Aid Ontario's minimum experience requirements as set out in the Schedule to the Roster Rules made under the *Legal Aid Services Act, 2020.* 

I do not meet LAO's minimum experience requirements and am requesting Conditional Authorization as set out in the Schedule to the Roster Management Rule made under the *Legal Aid Services Act, 2020* ("Conditional Authorization Process").

I understand that if I am admitted in accordance with the Conditional Authorization Process I must meet the minimum experience requirements within 24 months of admission.

I understand that I must advise LAO on or before the 24-month conditional period expires whether or not I have met the minimum experience requirements.

I understand that if I do not advise LAO that I have met the minimum experience standard, or do not request an extension as set out in the Conditional Authorization Process, I will have my CCB certificate authorization removed.

#### Mandatory professional development and training

I shall complete a minimum of 3 hours of continuing legal education or the relevant equivalency in mental health law on an annual basis.

# Additional Requirements – Quality Services Expectations, Best Practices, Case Law, and Equity Commitment

I have read, understood, and agree to comply with the *Material for review by roster members* authorized to provide legal aid services in health law consent and capacity matters.

I have read, understood, and agree to comply with the Quality Services Expectations.

### Signature:

Signature:

I affirm that I have read and understood the Legal Aid Services minimum experience requirements, the Roster rules and schedules.

I affirm that the information contained herein is complete, true and accurate.

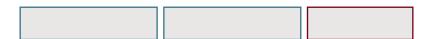
I understand the submitting false or misleading information will void my authorization and may result in the removal of my name from the Legal Aid Roster.

Date:

Ver: 2022-07

Office use: Approval for Health Law - CCB Certificate Authorization
Approval signature:
Date:

Please submit completed form to the Legal Aid Ontario District Office in your district.



Personal information contained on this form is collected under the authority of the *Legal Aid Services Act*, 2020 and will be used for the purpose of payment of accounts, investigations, and the administration of the *Legal Aid Services Act*.

Questions about this collection should be directed to the Privacy and Access to Information Officer at fippa@lao.on.ca or 1-800-668-8258.



Ver: 2022-07