

# CLM Retired Status Application Form

The CLM (Ret.) designation is for current CLMs in good standing who are fully retired from the legal industry but wish to retain their connection to the CLM Community.

Individuals granted CLM (Ret.) status may use CLM (Ret.) after their name, in correspondence, publications, speaking engagements and other public mentions to indicate their status as a Certified Legal Manager at the time of their retirement from the legal industry. CLM (Ret.) designees may not use the CLM designation without the (Ret.) suffix, and may not portray themselves as a current CLM.

## Eligibility Requirements

To be eligible for the CLM (Ret.), applicants must:

- Be a current CLM in good standing at the time of their retirement from the legal industry.
- Have recertified at least once.
- Be deriving less than 25% or income from any work activities, including consulting or freelancing.
- Submit this application accompanied by a one-time non-refundable \$99 retired status fee.

## CLM Reactivation

Individuals who become CLM (Ret.) have the following options to reactivate their CLM status:

1. If the application for CLM reactivation is made within three years of the last date of being a CLM in good standing, the individual must submit the required number of hours to recertify to reactivate their CLM, i.e., they must follow all the Recertification criteria as stated in the Recertification Guidelines to maintain their CLM.

2. If more than three years has passed since the last date of being a CLM in good standing, or if the requirements to reactivate are not met, the individual must reapply for the examination by meeting all employment, experience and educational requirements as described in the CLM Information/ Application Packet, and achieve a passing examination score.

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**Please initial each page and mail, fax or email a PDF of you completed application to:**

**Mail:**

**Association of Legal Administrators  
Attention: CLM Certification Center  
8600 W Bryn Mawr Ave, Ste 400N  
Chicago, IL 60631-3512**

**Fax:** 847-267-1252 / **Email:** *certification@alanet.org*.

Please initial each page before submitting completed application. \_\_\_\_\_

# CLM (Ret.) Status Application Form

## SECTION 1: APPLICANT INFORMATION

Applicant Name

ALA Member Number

Address

City/State/Zip

Phone

Email

Date of last CLM renewal

## SECTION 2: APPLICANT STATUS

I am fully retired from the legal industry (Skip to Section 3)

I am earning less than 25% of income from all work activities including consulting or freelancing.

If you are employed, please fill out the following:

Title of Present Position

Organization

Address

City/State/Zip

Phone

Please initial each page before submitting completed application. \_\_\_\_\_

### SECTION 3: ATTESTATION

In submitting this application, I fully understand that it is an application only and does not guarantee retired status. I further understand and, by my signature, attest that I endorse the goals of the ALA Code of Professional Responsibility. I further understand that any false statement or misrepresentation that I may make in the course of these proceedings and application may result in the revocation of this application.

I understand that ALA reserves the right to revise or update this application and ALA's Code of Professional Responsibility, and that it is my responsibility to be aware of these current requirements. I further understand that I am obligated to inform CLM Staff at [certification@alanet.org](mailto:certification@alanet.org) of changed circumstances that may materially affect my application. I further understand that it is my responsibility to provide any requested documentation in connection with this application.

I understand that if I am granted the CLM (Ret.) designation following acceptance of this application, such designation does not constitute a warranty or guarantee of my fitness or competency to practice as a legal executive. If I am granted the CLM (Ret.) designation, I authorize ALA to include my name in a list of certified individuals and agree to use the CLM (Ret.) designation and related trade names, trademarks, and logos only as permitted by CLM policies.

Applicant's Signature and Date

### SECTION 4: PAYMENT

Payment Type:

Check Enclosed	Visa	MasterCard
American Express	Discover	

Cardholder Name

Credit Card Account #

Expiration Date

Zip Code of Billing Address

Signature

Please initial each page before submitting completed application. \_\_\_\_\_