



EPLS Hard-Copy Exam Certification

The undersigned attorney (“Proctor”), who has volunteered, as a service to the legal profession and the general public which it serves, to proctor the Estate Law Specialist Board Inc.’s (“ELSB”) Estate Planning Law Specialist (“EPLS”) exam for the examinee attorney named below (“Examinee”), does hereby, as an attorney in good standing, certify that:

- 1. I, the undersigned Proctor, received by FedEx a copy of the EPLS exam from ELSB and have guarded it, protecting its confidentiality, until I presented it to the Examinee, while the Examinee was in possession of the EPLS exam for the purpose of taking the exam and until I retrieved it from the Examinee at the conclusion of the two (2) hour exam period and returned it to ELSB in the provided FedEx return envelope.
- 2. I noted the time I gave the EPLS exam to the Examinee and advised the Examinee that (a) the Examinee had two (2) hours to complete the exam, (b) the Examinee could not use any reference materials or consult with any person to assist in taking the exam but must rely only on his or her retained knowledge, and (c) the Examinee could not copy any of the questions on the exam and must preserve its confidentiality.
- 3. I stayed with the Examinee for the entire two (2) hour time allotted for the taking of the exam and protected its confidentiality during that time. No one spoke to the Examinee and the Examinee did not speak to anyone else regarding the exam during the two (2) hour exam period. I took back the exam from the Examinee at the conclusion of the two (2) hour exam period and returned it, along with this signed certification, to ELSB in the provided FedEx return envelope. I did not copy any of the questions on the exam and will preserve its confidentiality.
- 4. The Examinee complied with the instructions set forth herein and the Examinee agrees to preserve the confidentiality of the exam.

EXAMINEE	PROCTOR
Signature _____	Signature _____
Name _____	Name _____
Firm _____	Firm _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____
State Bar # _____	State Bar # _____