

North Carolina State Bar
Board of Legal Specialization
Supplemental Materials for Privacy and Information Security Law Applicants Only

Name: _____

Additional information regarding IAPP CIPP-US Certification Status:

Have you successfully completed the CIPP/US Exam?

Yes No

If yes:

Date of certification: _____ Certificate Number: _____

If no:

Intended date for completing the IAPP CIPP-US Exam: _____

Submission of this supplemental application form constitutes the applicant's verification of the truth of all statements and representations contained herein.

Signature: _____

Date: _____

Printed Name: _____