

QLSP APPLICATION RENEWAL

WASHINGTON STATE
BAR ASSOCIATION

WSBA Qualified Legal Service Provider (QLSP) Application Renewal Form

QLSPs are nonprofit legal service organizations dedicated to serving clients living on low income, [per APR 1\(e\)\(8\)](#), and are essential to closing the justice gap in Washington state. QLSP volunteers are eligible to claim credit for their volunteer work and receive free WSBA recorded seminars.

Please fill this out to confirm that you do qualify as a QLSP and send to publicservice@wsba.org by clicking "SUBMIT". Approval is for one year from approval date. You will then need to renew.

The criteria for becoming a QLSP is:

- Provide at least two hours of CLE-accredited training for their volunteers (either live or recorded seminar), OR, sends volunteers to the WSBA Public Service Education videos on wsbacle.org
- Have a financial screening mechanism in place to ensure clients are low-income.
- Either provide malpractice insurance for volunteers or have a policy in place to require that all volunteers have malpractice insurance.
- Be in Washington state or predominantly serve Washington state clients.

WSBA CONTACT

Organization Name

Contact Name

Contact Email

Contact Phone

PROGRAMS

Because volunteers sometimes look for specific programs/clinics under one QLSP, please fill out the information below for each program/clinic as you deem appropriate for your situation. You may send a flyer or additional sheets with this information to publicservice@wsba.org. Please indicate you are doing so in the general notes.

This information will
be published.

Please List The Volunteer Contact Information Below

Program Name

Program Name

Contact Name

Contact Name

Contact Email

Contact Email

Phone Number

Phone Number

Address

Address

Website

Website

Counties Served

Counties Served

Practice Areas

Practice Areas

Remote participation is available ☐ yes ☐ no ☐ occasionally

Remote participation is available ☐ yes ☐ no ☐ occasionally

CLIENTS

- ☐ We serve mainly low-income clients (0-200% of the Federal Poverty Line).
☐ We have a mechanism in place to screen for low-income clients.

ORGANIZATION

- ☐ We are a 501(c)(3) nonprofit organization.
☐ We are based in Washington and primarily serve Washington clients.

Please describe your screening process:

MALPRACTICE

☐ We provide malpractice insurance

How much malpractice insurance do you provide?

Who is your carrier?

OR

☐ We require volunteers to have, and show proof of, malpractice insurance.

Do you require a certain amount? ☐ yes ☐ no

If yes, how much?

General notes:

TRAINING

☐ We ensure volunteers receive proper training from external sources (for example, WSBA's Public Service Education Trainings).

OR

☐ We provide relevant training to our volunteers.

Are volunteers outside of your organization allowed to access these trainings?

☐ yes ☐ no

In general, what are the topics, format and length of trainings?

By checking the box below, I confirm the information provided is correct to the best of my knowledge.

☐

Written Name of Authorized Person

Date

SUBMIT

For questions or assistance,
please contact
publicservice@wsba.org

For WSBA Use Only:
Approved Date:
Approved By:
Expiration: