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**Competence Form**

**Practice Area: Healthcare/Pharmaceuticals[[1]](#footnote-1)**

|  |  |
| --- | --- |
|  | **Expert** |
| **Name:** |  |
| **Email:** |  |
| **Firm:** |  |
| **State/Country:** |  |
| **Bar Admission(s):** |  |
| **Year of Admission:** |  |
| **Relevant studies and/or degrees:** |  |
| **Relevant continued legal education, if applicable:** |  |
| **Relevant publications, if applicable, to which you have contributed:** |  |
| **Relevant teaching or speeches, if any:** |  |
| **Relevant practice (giving examples):**Do you have references within the Primerus network, who could confirm your expertise in this area of law (peer review)?Any writing about your competence in Legal 500 or similar publications? |  |
| Other references? |  |
| **Confidential:****Self-assessment:**1. Do you consider yourself in this area of law as:
	1. lead expert/practitioner
	2. solid practitioner
	3. learning practitioner investing presently in expanding your knowledge
2. The area of law is:
3. part of my legal practice
4. part of my core competence
5. special expertise beyond (potential “lighthouse” level)
 |  |
| **Confidential:****Volunteer:** Do you volunteer to potentially assist in the accreditation process of experts in this field of law? |  |
| **Confidential:**Do you have any additional remark, observation or question? |  |
| **Confidential:****Recommendation:** Do you know of any other Primerus lawyer to be approached as expert in this field of law? |  |
| **Signature:**  | \_\_\_\_\_\_\_\_\_\_(place), \_\_\_\_\_\_\_\_\_\_(date), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) |

1. By filling out and signing this form, the undersigning person consents, that the information mentioned in this form shall be used (1) to share among Primerus member firms and colleagues, and (2) also for marking purposes, except for the information marked “confidential”. [↑](#footnote-ref-1)