



NALA Certifying Board for Legal Assistants

1516 S. Boston, #200
Tulsa, OK 74119
918-587-6828
Fax: 918-582-6772
www.nala.org



**Required of all Category 3 Applicants:
Attestation of Attorney**

This form is required to complete your application for the CLA Examination.

Examinee Name: _____

Member Number – OR – Social Security Number: _____

Test Date: _____

Attestation must cover a minimum period of seven years. If attestation from current employer does not cover required minimum seven-year period, attach additional attestations from previous employers.

1. I hereby attest that the above named applicant for certification as a legal assistant by the National Association of Legal Assistants., Inc., has been employed by me for _____ (years/months) in accordance with the eligibility requirements in this application, is aware of the ethical limitations of the legal profession, and has demonstrated professional conduct while employed by me. I recommend the applicant as a candidate for certification as a legal assistant.

2. I further attest that the above named applicant for certification as a legal assistant has completed a minimum of twenty (20) hours of continuing education in accordance with the eligibility requirements.

Attorney Signature:

Print Name:

State and Bar Number:

Year admitted to Bar:

Firm:

Address:

Today's Date:
