



NATIONAL ASSOCIATION OF LEGAL ASSISTANTS, INC.

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Recertification Audit Verification Affidavit

NOTE: This form should not be completed earlier than thirty (30) days prior to the expiration date of your certification and should only be completed once the 50 hours of CLE credit have been submitted to NALA Headquarters.

State of _____

County of _____

I, _____, hereby swear or affirm that I have, since my last certification, earned a minimum of fifty hours (5.0 units) of CLAE credits necessary to maintain my NALA CLA or CP status; that I have not violated the NALA Code of Ethics, nor been convicted of a felony, nor the unauthorized practice of law; that I understand that my failure to meet the continuing education requirements as required by the NALA Certifying Board or falsification of information provided to the NALA Certifying Board may result in my NALA CLA or CP designation being revoked.

Dated this _____ day of _____, 20____.

Signature

Name (please print)

Address

Date Certified (Month/Year)

City State ZIP

\$100 recertification fee paid by:

Check # _____

“ Master Card “ VISA “ Discover “ AmEx

Account # _____ Expiration Date _____

Name as appears on card _____