



NATIONAL ASSOCIATION OF LEGAL ASSISTANTS, INC.

1516 SOUTH BOSTON, SUITE 200, TULSA, OK 74119

918.587.6828

Fax: 918.582.6772

www.nala.org

nalanet@nala.org

Recertification Affidavit

NOTE: This form should not be completed or submitted 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.

I, _____, hereby swear or affirm that I have, since my last certification, earned a minimum of fifty hours of CLAE credits necessary to maintain my NALA CLA or CP status; the hours reported to NALA are true and accurate; that I have not violated the NALA Code of Ethics, nor been convicted of a felony or 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 of Original Certification (Month/Year)

City State ZIP

E-mail: _____

Note: We will rely on e-mail to communicate with you regarding this form. If this is not acceptable check here:

Please complete the payment information below:

\$100 recertification fee paid by:

Check # _____

“ Master Card “ VISA “ Discover “ AmEx

Account # _____ Expiration Date _____

Name as it appears on card _____



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CERTIFIED PARALEGAL ROSTER UPDATE FORM

We are in the process of updating our records on all Certified Paralegals of record. We would appreciate your assistance in this effort, by taking a few minutes to provide us with the information requested below. When completed, please return this form to NALA Headquarters in the preaddressed envelope which is enclosed for your convenience. Thank you for your help.

Name: _____ Account #: _____

NOTE: If certified under a different name, please indicate name at time of certification:

Date Certified: _____

(9-10) Home Address: _____

(12) City: _____ (13) State: _____ (14) Zip: _____

(16) Home Phone: _____

(19) Please check preferred mailing address: / / Home / / Office

(20) Employer: _____

(21-22) Office Address: _____

(24) City: _____ (25) State: _____ (26) Zip: _____

(28) Office Phone: _____ (29) Fax: _____

(31) E-mail address: _____

NOTE: NALA is focusing its efforts on e-mail communications. If you **do not wish** to receive e-mails from NALA please check the following:

I do not wish to receive e-mails from NALA

Size of Firm: (30) # of Lawyers: _____ (31) # of Legal Assistants: _____

(32-36) Your area of specialty: _____

/ / NALA Member / / Nonmember

Comments: _____
