NALA | THE PARALEGAL ASSOCIATION

CP® Certified Paralegal

7666 E. 61st, Suite 315, Tulsa, OK 74133
Phone: 918-587-6828 ♦ Fax: 918-582-6772
www.nala.org ♦ cle@nala.org

CERTIFIED PARALEGAL RECERTIFICATION AFFIDAVIT

NOTE: This form should not be completed or submitted earlier than thirty days prior to the expiration date of your certification and should only be submitted once the 50 hours of CLE credit, including five hours of legal ethics, have been submitted to NALA Headquarters.

If the Recertification form is mailed, it must be accompanied by a **certified check, money order, firm check, VISA, Master Card, Discover, or American Express.** ***Personal checks will not be accepted*.**

I, _____, hereby swear or affirm that I have, since my last certification, earned a minimum of fifty hours of CLE hours 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 have not divulged the contents of any Examination Questions or violated any of the Terms and Conditions of Testing; 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.

Date		Account # (if known)	
Signature			
Print Name			
Address			
City, State, ZIP			
Date Certified (mm/yy)			
E-mail			
Note: We rely on e-mail to communicate with you. If this is not acceptable, please check here □			
Please complete the payment information below. $125 recertification fee paid by:			
Company Check/Certified Check/Money Order#			
□ MasterCard	□ VISA	□ Discover	□ AmEx
Name on card:	Acct. #:		Exp. Date:
Billing Address:			

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NCCA ACCREDITED PROGRAM

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: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Please check preferred mailing address: / / Home / / Office

Employer: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

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: # of Lawyers: _____ # Paralegals: _____

Your area of specialty: _____

/ / NALA Member / / Nonmember

Comments: _____

_____

_____