



THE PARALEGAL ASSOCIATION



7666 E. 61st Street, 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 recorded in your NALA account.

If the Recertification form is mailed, it must be accompanied by a check, money order, or credit card information (VISA, Master Card, Discover, or American Express are 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.

Form with fields for Date, Account #, Signature, Print Name, Address, City, State, ZIP, Date Certified, E-mail and Phone, Note, Payment information (Check/Money Order#, MasterCard, VISA, Discover, AmEx), Name on card, Acct. #, Exp. Date, Billing Address.