

### CERTIFIED PARALEGAL RECERTIFICATION AFFIDAVIT

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.

**NOTE: If you are a NALA member, your membership dues are separate from your certification.**

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).**

\_\_\_\_\_, 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 and Phone			
<b>Note: We rely on e-mail to communicate with you. If this is not acceptable, please check here</b> <input type="checkbox"/>			
<b>Please complete the payment information below. \$125 recertification fee paid by:</b>			
<input checked="" type="radio"/> Check/Money Order# <input type="radio"/> <input type="radio"/>			
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AmEx
Name on card:	Acct. #:	Exp. Date:	
Billing Address:			