



6450 S Lewis Ave, Suite 250 | Tulsa, OK 74136 | PH: 918-587-6828 | FAX: 918-582-6772 | www.nala.org

Request for Certified Paralegal Retired Status – Permanent Disability

I, _____

hereby swear or affirm that:

- I am permanently disabled and no longer working in the legal field as of

(Date)

- Medical proof of permanent disability is included with this affidavit.

I understand that following the effective date of my CP Retired status, my credential must be shown as CP Retired any time it is used.

I also understand that should I return to work in the legal field I must relinquish my CP Retired status and will be required to meet the same requirements as all other Certified Paralegals. A \$125 fee will be required to reactivate the Certified Paralegal credential, with the five-year recertification period beginning on the first day of the month immediately following the date of my reemployment.

Dated this _____ day of _____, 20_____.

Signature

Name (please print)

Address

City State ZIP

Email: _____

Note: We will communicate by email regarding this form. If this is not acceptable check here: