



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

Certified Paralegal Reactivation Affidavit

I, _____

hereby swear or affirm that: (Name)

- I have been in CP Retired status since (Date) _____;
- I have returned to work in the legal field as of (Date) _____ and am no longer eligible for CP Retired status.

I also understand that since I have returned to work in the legal field I am required to meet the same requirements as all other Certified Paralegals. A \$125 fee is required to reactivate my Certified Paralegal credential, with my 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: _____

\$125 reactivation fee payment information. Please complete the payment information below:

Check # _____ | | Master Card | | VISA | | Discover | | AmEx

Account # _____ Exp. Date _____

Name as it appears on card _____

Billing Address _____

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