



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

CERTIFIED PARALEGAL (CP®) RECERTIFICATION AFFIDAVIT

This form should not be completed or submitted earlier than 30 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 CLE, form, or fee are received after the certification expiration date, an Appeal form and a **\$25 late fee are required**. 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)**. This form may be emailed to cle@nala.org.

I, _____, hereby swear or affirm that I have, since my last certification, earned a minimum of 50 hours of CLE hours necessary to maintain my NALA CP® credential and the hours reported to NALA are true and accurate.

I, _____, hereby swear of affirm that I have not:

- falsified information on any document submitted to the Certifying Board;
- been disciplined for the unauthorized practice of law since applying for the Certified Paralegal credential;
- failed to meet continuing legal education requirements;
- divulged the contents of any examination question;
- been convicted of a felony since applying for the Certified Paralegal credential;
- failed to notify NALA of updates to their application for the Certified Paralegal credential;
- violated the NALA Code of Ethics and Professional Responsibility;
- violated the Certified Paralegal Program Handbook;
- violated the "Terms and Conditions of Testing"; or
- engaged in any other conduct determined by a majority vote of the Certifying Board to be unethical or unprofessional (including, but not limited to, any oral or written communication with NALA staff or volunteers that includes intimidating, abusive, threatening, or derogatory language).

I understand that violation of any of the above may result in my NALA CP® designation being revoked.

Print Name

Signature

Date		Account # (if known)	
Last Name		First Name	
Address			
Email and Phone Note: We rely on email to communicate with you. If this is not acceptable, please check here <input type="checkbox"/>		Date Certified (mm/yy)	
I authorize the following payment: <input type="checkbox"/> \$125 Recertification fee <input type="checkbox"/> \$175 Recertification fee <input type="checkbox"/> \$25 Late fee			
Check/Money Order#			
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AmEx
Name on card:		Acct. #:	Exp. Date:
Billing Address:			

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