

# PLS Recertification Form

## Section A: General Information

Name \_\_\_\_\_

NALS Member Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name(s) Since Original Certification \_\_\_\_\_

Certification Date \_\_\_\_\_

Signature \_\_\_\_\_

## Section B: Seminars/Workshops Attended

Note: Complete this section ONLY if you do not have a certificate of attendance for a seminar or workshop, participation in NALS educational online chats or other documentation confirming participation in the program OR if you are requesting points for watching a videotape or listening to an audio tape. If you photocopy this page for additional entries in this section, fill in your name in Section A.

[sample]

Date of Event	Program Sponsor	Hours Attended	Recertification Points (hours attended x 1 point)	Session Topic (including a description of the topic)

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## Section C: Seminars/Workshops Taught

Note: Complete this section to verify teaching of a seminar or workshop ONLY when a seminar brochure listing the speakers or other documentation is not available

[sample]

Date of Event	Program Sponsor	Hours Attended	Recertification Points (hours taught x 4 point)	Session Topic (including a description of the topic)

## Section D: Petition for Recertification Points

Note: Complete this section to request points for writing articles or publications or for participating in activities not included in other modules. Attach documentation to verify participation.

[sample]

Activity Date	Program Sponsor	Requested Points	Description of Article or Publication	How Article/Publication Applies to PLS

# PLS Recertification Affidavit/Application

State of \_\_\_\_\_  
County of \_\_\_\_\_

I, \_\_\_\_\_, hereby affirm that: (i) I have earned the 75 recertification education points necessary to maintain my NALS PLS certification; (ii) I have neither violated the NALS Code of Ethics and Professional Responsibility, nor been convicted of a felony, nor received a determination of the unauthorized practice of law; and (iii) I understand falsification of information provided to the NALS Certifying Board may result in revocation of my NALS PLS certification.

Dated \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and affirmed before me on \_\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

Applicant's Name \_\_\_\_\_

NALS Member No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name(s), if any, Since Original Certification \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Certification Date \_\_\_\_\_

Send \$75 fee by check (payable to NALS) or use your credit card:

- Visa                      Credit Card Number \_\_\_\_\_
- MasterCard              Expiration Date \_\_\_\_\_
- Discover                      Signature \_\_\_\_\_

Return completed application packet to:      NALS Resource Center-PLS Recertification  
8159 East 41st Street  
Tulsa, OK 74145  
Phone: 918-582-5188  
Fax: 918-582-5907  
E-Mail: cert-edu@nals.org