



Professional Paralegal certification Examination Application

Please Check All That Apply

- FULL EXAM
- CURRENT PLS
- RETAKE

For the Examination to be Administered:

- First Saturday in March
Application postmarked by January 1
- Last Saturday in September
Application postmarked by August 1

THERE ARE NO PREDETERMINED TESTING CENTERS. YOU MAY CHOOSE TWO MAJOR CITIES AS YOUR FIRST AND SECOND CHOICE TESTING CENTER. About two weeks prior to the examination date, NALS will evaluate the choices selected by the applicants and determine national testing sites based on these choices. The goal is to have a testing site within 100 miles of every applicant.

Testing Center Choice Number 1: _____

Testing Center Choice Number 2: _____

- NALS Member: Number _____
- Nonmember

Social Security Number _____

Last Name _____

First Name _____

Middle Initial _____

Address _____

City _____

State _____ ZIP _____

Work Phone _____

Home Phone _____

Fax _____

E-mail _____

NALS may notify my employer when I successfully pass the Professional Paralegal examination.

- Yes
- No

If Yes, state the name and address of your employer. Include the Name and title of the person you want NALS to inform.

- Mr.
- Ms.
- Mrs.

Firm _____

Name _____

Address _____

City _____

State _____ ZIP _____

YOU MUST MEET ONE OF THE FOLLOWING REQUIREMENTS TO SIT FOR THE PROFESSIONAL PARALEGAL EXAMINATION. PLEASE CHECK THE REQUIREMENT YOU MEET.

- I have a minimum of five years' experience performing paralegal duties
- I have a minimum of four years' experience performing paralegal duties and have attached a Request for Partial Waiver
- I have a minimum of three years' experience performing paralegal duties and have attached a Request for Partial Waiver

Employer Statement (retake applicants do not need to complete this section)

Please have your current employer (and previous employer(s) if applicable) complete the following sections. If the allotted space is not enough please attach the desired information to this application.

I swear that the above named applicant for certification as a Professional Paralegal has been/was employed by me in a capacity as defined by the ABA and adopted by NALS for _____ (years/months) in compliance with the eligibility requirements for this examination (definition is at the bottom of page 4).

Attorney Signature: _____

Printed Name: _____

State & Bar Number: _____ Year Admitted to Bar: _____

Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Phone: _____

Employer Statement

I swear that the above named applicant for certification as a Professional Paralegal has been/was employed by me in a capacity as defined by the ABA and adopted by NALS for _____ (years/months) in compliance with the eligibility requirements for this examination (definition is at the bottom of page 4).

Attorney Signature: _____

Printed Name: _____

State & Bar Number: _____ Year Admitted to Bar: _____

Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-mail: _____

Phone: _____

Employer Statement (retake applicants do not need to complete this section)

Please have your current employer (and previous employer(s) if applicable) complete the following sections. If the allotted space is not enough please attach the desired information to this application.

I swear that the above named applicant for certification as a Professional Paralegal has been/was employed by me in a capacity as defined by the ABA and adopted by NALS for _____ (years/months) in compliance with the eligibility requirements for this examination (definition is at the bottom of page 4).

Attorney Signature: _____
 Printed Name: _____
 State & Bar Number: _____ Year Admitted to Bar: _____
 Firm: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 E-mail: _____
 Phone: _____

Employer Statement

I swear that the above named applicant for certification as a Professional Paralegal has been/was employed by me in a capacity as defined by the ABA and adopted by NALS for _____ (years/months) in compliance with the eligibility requirements for this examination (definition is at the bottom of page 4).

Attorney Signature: _____
 Printed Name: _____
 State & Bar Number: _____ Year Admitted to Bar: _____
 Firm: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 E-mail: _____
 Phone: _____

Examination Fees: Full Exam

- NALS Member \$200
- Nonmember \$250
- Late Fee \$35
(for application postmarked after the deadline but received by January 11/August 11)

Examination Fees: Current PLSs

- NALS Member \$150
- Nonmember \$200
- Late Fee \$35
(for application postmarked after the deadline but received by January 11/August 11)

Examination Fees: Retake

- NALS Member
 - Part 1-Written Communications \$50
 - Part 2-Legal Knowledge & Skills \$50
 - Part 3-Ethics & Judgment Skills \$50
 - Part 4-Substantive Law \$50
 - Retake all four parts \$200
- Nonmember
 - Part 1-Written Communications \$60
 - Part 2-Legal Knowledge & Skills \$60
 - Part 3-Ethics & Judgement Skills \$60
 - Part 4-Substantive Law \$60
 - Retake all four parts \$240
- Late Fee \$35
(for application postmarked after the deadline but received by January 11/August 11)

Transfer/Refund Policy

If you are unable to sit for the examination at your chosen time, you may transfer to another examination date by paying a \$25 transfer fee and by making the request no later than two weeks prior to the test date.

If you are unable to sit for the examination at any time following submission of your application, the entire fee, less a 25% processing fee, may be refunded if requested 30 days or more before the scheduled examination date. If you are unable to sit for the examination after transferring to another examination date, no refund will be given nor will additional transfers be allowed.

Payment is due with the examination application; make all checks payable to NALS. Please write applicant's name on check.

Credit Card Information

Please charge my:

Visa MasterCard Discover

Account Number _____

Cardholder's Name _____

Expiration Date _____

Signature (mandatory on all credit card orders)

Mail all applications with fees to:
Education & Certification Manager
8159 East 41st Street
Tulsa, OK 74145
Fax to: 918-582-5907
E-Mail to: cert-edu@nals.org
Questions? Call: 918-582-5188

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE ACCEPTED

I certify that I have read and understand the regulations concerning the Professional Paralegal examination, that the information supplied is correct, and that I am responsible for submitting information to keep my file current. NALS reserves the right to obtain verification of information provided in this application. I understand and agree that all examination materials, answers, and scores are the exclusive property of NALS. I agree that NALS may, in its discretion, release information about the test scores to researchers selected by NALS to study testing issues for the NALS certification programs under appropriate confidentiality requirements established by NALS. Aside from such research purposes, I have identified on this application those persons who may have access to my results. Submission of this application means the applicant is subject to the policies established by the NALS Certifying Board. Providing false information may result in my forfeiture of the right to sit for the PP exam or the revocation of my NALS PP designation upon successful completion of the examination.

Signature

Date

Physically challenged applicants should submit a written request for special arrangements with this application.

Legal Assistant / Paralegal Defined by the ABA and adopted by NALS:

A legal assistant/paralegal is a person, qualified by education, training or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity and who performs specifically delegated substantive legal work for which a lawyer is responsible.