



ALS Examination Application

ALS...the basic certification for legal professionals

- FULL EXAM
- RETAKE

For the Examination to be Administered:

- First Saturday in March
Application postmarked by January 1
- First Saturday in June
Application postmarked by April 15
For those who have completed the Basic or Advanced NALS Legal Training Course
- Last Saturday in September
Application postmarked by August 1
- First Saturday in December
Application postmarked by October 15
For those who have completed the Basic or Advanced NALS Legal Training Course
- Approved College/School Dates
Date established by the school and approved by NALS
Application due 30 days prior to the examination date

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 ALS examination.

- Yes
- No

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.

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.

Testing Center Choice Number 1: _____

Testing Center Choice Number 2: _____

Firm _____

Name _____

Address _____

City _____

State _____ ZIP _____

- NALS Member: Number _____
- Nonmember

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

- At the time I sit for the examination, I will have completed the NALS Legal Training Course or an accredited business/legal course
- I have one year of general office experience

Examination Fees: Full Exam

- Student/LTC Participant (minimum of 9 credit hours) \$50
- NALS Member \$75
- Nonmember \$100
- Late Fee \$25
(for application postmarked after the deadline but received by January 11/
April 25/August 11/October 25)

Examination Fees: Retake

- NALS Member (student)
 - Part 1-Written Communications \$40
 - Part 2-Office Procedures & Knowledge \$40
 - Part 3-Ethics, Human Relations, & Judgement \$40
 - Total for two or more parts \$50
- NALS Member (non-student)
 - Part 1-Written Communications \$40
 - Part 2-Office Procedures & Knowledge \$40
 - Part 3-Ethics, Human Relations, & Judgement \$40
 - Total for two or more parts \$75
- Nonmember
 - Part 1-Written Communications \$50
 - Part 2-Office Procedures & Knowledge \$50
 - Part 3-Ethics, Human Relations, & Judgement \$50
 - Total for two or more parts \$100
- Late Fee \$25
(for application postmarked after the deadline but received by January 11/
April 25/August 11/October 25)

There will be a \$20 charge for returned checks and rejected credit card charges

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 ALS 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 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 ALS exam or the revocation of my NALS ALS designation upon successful completion of the examination.

 Signature

 Date

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