



ALS Extension Affidavit/Application

State of _____
County of _____

I, _____, hereby affirm that, since my _____ original certification, I have earned the 15 hours necessary to extend my ALS certification, that I have not violated the NALS Code of Ethics and Professional Responsibility, been convicted of a felony, nor received a determination of the unauthorized practice of law; and that I understand falsification of information provided to NALS may cause my ALS certification to be revoked.

Date 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 \$30 fee by check (payable to NALS) or use your credit card:

Visa MasterCard Discover

Name on Credit Card

Expiration Date

Signature

RETURN COMPLETED APPLICATION PACKET TO:

NALS Resource Center– ALS Extension
8159 East 41st Street
Tulsa, OK 74145
918-582-5188
918-582-5907 (fax)
cert-edu@nals.org

Section A: 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 audiotape. If you photocopy this page for additional entries in this section, fill in your name above Section A.

Number Event	Date of Sponsor	Program	Speaker Session Topic (Including a Description of the Topic)

Total hours: _____ x 1 = _____

(Signature of sponsor representative or coordinator, if available; a signature is not required to receive extension credit)

Section B: 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.

Number of Hours	Date of Event	Program Sponsor	Session Topic (Including a Description of the Topic)

Total hours: _____ x 1 = _____

(Signature of sponsor representative or coordinator, if available; a signature is not required to receive extension credit)

Section C: Petition for Hours

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.

Requested Hours	Date of Activity

Description of activity:

Reason for petitioning for the requested hours:

Name of program sponsor: _____

(Signature of sponsor representative or coordinator, if available; a signature is not required to receive extension credit)