

Legal Training Course Approval Form

(this form to be submitted to NALS for each Legal Training Course held)

Sponsoring Chapter: _____

Location: _____

City: _____ State: _____ Zip: _____

LTC Coordinator:

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Fax: _____ E-mail: _____

Course Planned: (check one)

Basic Advanced Total Class Hours: _____

Proposed Start: _____ Proposed End Date (including final exam): _____

Do you want your course listed on the NALS Web Site? Yes No

Course Information

Submit the following to NALS Resource Center:

	For Basic Course	For Advanced Course
30 Days after the first class meeting	List of registered Students • \$10 per student	List of registered Students • \$10 per student
Postmarked by October 15 for the December examination	Notice of Intent to Offer the ALS • ALS Exam applications with fees	
Postmarked by April 15 for the June examination	Notice of Intent to Offer the ALS • ALS Exam applications with fees	

For NALS Resource Center -- DO NOT COMPLETE

Date entered in NALS Certification Data Base: _____