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Professional Legal Secretary (PLS) / Certified Legal Professional (CLP) Examination Application



8159 East 41st Street, Tulsa, Oklahoma 74145
Call: 918-582-5188 | Fax: 918-582-5907
Email: cert-edu@NALS.org | NALS.org



FULL EXAM RETAKE

First Name _____ Middle Initial _____

TESTING PERIOD:

Last Name _____

First Saturday in March
Application postmarked by January 15.

Address _____

Last Saturday in September
Application postmarked by August 1.

City _____ State _____

ZIP _____ Date of Birth ____/____/____

NO APPLICATIONS WILL BE APPROVED AFTER THE ABOVE DEADLINES.

Phone _____

Email _____

PREFERRED TESTING LOCATION:

Please refer to the NALS Certification Resource Manual regarding testing locations and additional information. List your preferred location or exam administrator.

NALS Member Number _____
 Nonmember Student Military Personnel

(Street Address)

(City, State)

(Exam Administrator)

EMPLOYER/INSTRUCTOR NOTIFICATION:

NALS may notify my employer when I **successfully** pass the PLS/CLP 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.

TESTING ACCOMMODATIONS:

Please note any special testing needs for or during the exam process.

Organization _____

Contact Name _____

Contact Title _____

Address _____

City _____

State _____ ZIP _____

REQUIREMENTS:

You must meet one of the following requirements to sit for the PLS/CLP examination. Please check the requirement you meet.

- AT THE TIME I SIT FOR THE EXAMINATION, I WILL HAVE:
- A minimum of three years experience in the legal field
 - Obtained a post-secondary degree
 - Successfully completed and passed the ALP Certification Exam

NO APPLICATIONS WILL BE APPROVED AFTER THE DEADLINES.

EXAMINATION FEES:

Full Exam

- NALS Member \$175
- Nonmember \$225
- Military (verification required) \$175

Retake Exam Parts

- NALS Member \$50/per part
- Non-Member \$60/per part
- Military (verification required) \$50/per part

Indicate Parts to Be Re-Taken:

- Part 1-Written Communications
- Part 2-Office Procedures & Technology
- Part 3-Ethics and Judgment
- Part 4- Legal Knowledge and Skills

NOTE: If you need to retake all four parts, please register for Full Exam.

DESIGNATION SELECTION:

In order to more fully embrace the diversity of legal professionals entering the workforce and provide you with certifications reflecting that diversity, NALS has adapted the name of its Professional Legal Secretary (PLS) certification to include the optional designation of Certified Legal Professional (CLP). Please choose below. *(Please note: If your designation is not selected below, the certification department will automatically assign the PLS designation. Any changes to this designation will result in additional fees.)*

- PROFESSIONAL LEGAL SECRETARY (PLS)
- CERTIFIED LEGAL PROFESSIONAL (CLP)

REFUND POLICY:

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. Cancellations after this period will forfeit full amount of registration. **No transfers will be allowed.**

PAYMENT INFORMATION:

Payment is due with the examination application; make all checks payable to NALS. Please write applicant's name on check. **There will be a \$25 charge for returned checks and rejected credit card charges.**

Total Amount Due _____

- Check One: Check or Money Order Visa
 MasterCard Discover

Credit Card Number: _____

Expiration Date: _____ / _____ Sec. Code: _____

Print Name as it Appears on the Card _____

Signature (credit card registrants only) _____

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE ACCEPTED

I certify that I have read and understand the regulations concerning the PLS/CLP 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 PLS/CLP exam or the revocation of my NALS PLS/CLP designation upon successful completion of the examination.

Signature _____

Date _____

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Employment Verification and Employer Statement Form

(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 additional information to this application.

By my signature below, I verify that the above named applicant for certification as a Professional Legal Secretary/Certified Legal Professional has been/was employed by me in a legal support capacity as defined by the ABA and adopted by NALS (see below for definition) for a period of _____ (years/months).

Attorney E-Signature: _____ Printed Name: _____

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

Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Phone: _____

By my signature below, I verify that the above named applicant for certification as a Professional Legal Secretary/Certified Legal Professional has been/was employed by me in a legal support capacity as defined by the ABA and adopted by NALS (see below for definition) for a period of _____ (years/months).

Attorney E-Signature: _____ Printed Name: _____

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

Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Phone: _____

By my signature below, I verify that the above named applicant for certification as a Professional Legal Secretary/Certified Legal Professional has been/was employed by me in a legal support capacity as defined by the ABA and adopted by NALS (see below for definition) for a period of _____ (years/months).

Attorney Signature: _____ Printed Name: _____

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

Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Phone: _____

By my signature below, I verify that the above named applicant for certification as a Professional Legal Secretary/Certified Legal Professional has been/was employed by me in a legal support capacity as defined by the ABA and adopted by NALS (see below for definition) for a period of _____ (years/months).

Attorney Signature: _____ Printed Name: _____

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

Firm: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ Phone: _____

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.

Professional Legal Secretary Student Verification Form



requires three-years of experience for the PLS/CLP exam

APPLICANT INFORMATION:

Name _____

Address _____

City _____ State _____ ZIP _____

WorkPhone _____ Home Phone _____

E-mail Address _____

Degree/Certification Awarded _____

Award Date _____

COLLEGE/UNIVERSITY/ASSOCIATION:

Awarding Institution Name _____

Awarding Degree or Certification _____

Address _____

City _____ State _____ ZIP _____

I request a partial waiver of the three-year experience requirement for the PLS/CLP examination and submit the above information regarding my post-secondary degree or other certification.

Signature of Applicant _____ Date _____

– The maximum waiver is one year. –

Please submit this form with the PLS/CLP Exam Application and supporting documents to:

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Professional Legal Secretary Student Verification Form



Students of an accredited or ABA-approved paralegal studies program who are near graduation (within a three-month window) may sit for the Professional Legal Secretary (PLS)/Certified Legal Professional (CLP) certification examination, provided the waiver below is signed by both the instructor of record and the student.

Instructor	Applicant/Student
<p>I hereby certify that the above named student is scheduled to graduate on ____/____/____ (must be within a three-month window).</p> <p>_____ (Instructor Signature) (Date)</p> <p>Instructor Email: _____</p> <p>Instructor Phone Number: _____</p> <p>Instructor Office Address: _____</p> <p>_____</p>	<p>I, _____, do hereby understand that if I do not successfully graduate from my accredited or ABA-approved paralegal studies program, the results of my PLS/CLP examination will become null and void and my exam fee forfeited.</p> <p>_____ (Applicant/Student Signature) (Date)</p>

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