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# Professional Paralegal (PP) Examination Application



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



**CHECK ALL THAT APPLY:**

- FULL EXAM
- CURRENT PLS/CLP
- RETAKE

**TESTING PERIOD:**

- First Saturday in March**  
*Application postmarked by January 15.*
- Last Saturday in September**  
*Application postmarked by August 1.*

**NO APPLICATIONS WILL BE APPROVED AFTER THE ABOVE DEADLINES.**

**PREFERRED TESTING LOCATION:**

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

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State)

\_\_\_\_\_  
(Exam Administrator)

**REQUIREMENTS:**

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

**AT THE TIME I SIT FOR THE EXAMINATION, I WILL:**

- Have a minimum of five years of experience performing paralegal/legal assistant duties.
- Hold a bachelor's degree in paralegal studies.
- Have graduated from an ABA-approved Paralegal Program.
- Have graduated from another accredited paralegal program which consists of a minimum of 60 semester hours and/or 900 clock hours, of which a minimum of 15 semester hours and/or 225 clock hours were in substantive law.
- Hold a bachelor's degree in an unrelated field and have a minimum of one year of experience performing paralegal/legal assistant duties.
- A student 3 months from graduating from an ABA-accredited institution.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

- NALS Member Number \_\_\_\_\_
- Nonmember     Student     Military Personnel

**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.

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

**NO APPLICATIONS WILL BE APPROVED AFTER THE DEADLINE.**

If you do not currently meet the requirements, as listed on page 1, for the PP Certification Exam, please explain what experience(s) and/or education should be considered:

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**EXAMINATION FEES:**

**Full Exam**

- NALS Member \$225
- Nonmember \$275
- Currently Certified PLS/CLP \$175
- Military (verification required) \$225

**Retake Exam**

- NALS Member \$60/per part
- Non-Member \$70/per part
- Military (verification required) \$60/per part

Indicate Parts to Be Re-Taken:

- Part 1 - Written Communications
- Part 2 - Legal Knowledge and Skills
- Part 3 - Ethics and Judgment Skills
- Part 4 - Substantive Law

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

**NO APPLICATIONS WILL BE APPROVED AFTER THE DEADLINE.**

**TESTING ACCOMMODATIONS:**

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

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**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/debit 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 PP 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 PP exam or the revocation of my NALS PP 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 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 (see page 3).

Attorney E-Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
State & Bar Number: \_\_\_\_\_ Year Admitted to Bar: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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 (see page 3).

Attorney E-Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
State & Bar Number: \_\_\_\_\_ Year Admitted to Bar: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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 (see page 3).

Attorney Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
State & Bar Number: \_\_\_\_\_ Year Admitted to Bar: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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 (see page 3).

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.*



# Paralegal 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 Paralegal (PP) certification examination, provided the waiver below is signed by both the instructor of record and the student.

## APPLICANT INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

WorkPhone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Degree/Certification Awarded \_\_\_\_\_

AwardDate \_\_\_\_\_

## COLLEGE/UNIVERSITY/ASSOCIATION:

Awarding Institution Name \_\_\_\_\_

Awarding Degree or Certification \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I request a waiver of the five-year experience requirement for the PP examination and submit the above information regarding my post-secondary education or other certification.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form with the PP Exam Application and supporting documents to the address below.

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# Paralegal Student Verification Form

Continued

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

Please submit this form with the PP Exam Application and supporting documents to the address below.

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