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



Accredited Legal Professional (ALP) Examination Application

FULL EXAM RETAKE

TESTING PERIOD:

- First Saturday in March
Application postmarked by January 15.
- Third Saturday in May
Application postmarked by April 10.
- Last Saturday in September
Application postmarked by August 1.
- First Saturday in December**
Application postmarked by October 15.

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.

(City, State)

(Exam Administrator)

REQUIREMENTS:

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

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

- Have completed a NALS Legal Training Course (LTC)
- Have completed an accredited business/legal course
- Have one year of general office experience

First Name _____ Middle Initial ____

Last Name _____

Address _____

City _____ State _____

ZIP _____ Date of Birth ____/____/____

Phone _____

Email _____

- NALS Member Number _____
- Nonmember Student

EMPLOYER/INSTRUCTOR NOTIFICATION:

NALS may notify my employer/instructor when I **successfully** pass the ALP 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 DEADLINES.

EXAMINATION FEES:

Full Exam

- Student/LTC Participant (minimum of 9 credit hours) \$75
- NALS Member \$100
- Non-Member \$125
- Military (verification required) \$75

Retake One Exam Part

- Student/LTC Participant (minimum of 9 credit hours) \$40
- NALS Member \$40
- Non-Member \$50
- Military (verification required) \$40

Indicate Parts to Be Re-Taken:

- Part 1-Written Communications
- Part 2-Office Procedures & Knowledge
- Part 3-Ethics, Human Relations, and Judgment

Retake Two Exam Parts

- Student/LTC Participant (minimum of 9 credit hours) \$50
- NALS Member \$75
- Non-Member \$100
- Military (verification required) \$50

Indicate Parts to Be Re-Taken:

- Part 1-Written Communications
- Part 2-Office Procedures & Knowledge
- Part 3-Ethics, Human Relations, and Judgment

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: _____

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

Signature

Date

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

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