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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



**APPLY ONLINE: NALS.ORG/RECERTIFICATION**

## Accredited Legal Professional (ALP) Recertification Affidavit

Applicant's Name \_\_\_\_\_

Applicant's Name(s), if any, Since Original Certification \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Original Certification Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_, hereby affirm that: (i) I have earned the 50 recertification education points necessary to maintain my NALS ALP certification; (ii) during the current recertification period, I have not violated the NALS Code of Ethics and Professional Responsibility, I did not receive a determination of the unauthorized practice of law, and I am not serving a sentence for a felony conviction; and (iii) I understand falsification of information provided to the NALS Certifying Board may result in revocation of my NALS ALP certification.

Applicant Signature \_\_\_\_\_

Subscribed and affirmed before me on \_\_\_\_\_

Notary Public \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

(Place Notary Seal In Space Above)

Send \$50 fee by check (payable to NALS) or use your credit card:

- Visa                      Credit Card Number \_\_\_\_\_
- MasterCard              Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_
- Discover                      Signature \_\_\_\_\_

Return completed application packet to:  
Mail Application To: 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

**NOTE: The following application pages are only needed when you DO NOT have a certificate of attendance or other verification materials.**

## Section A: General Information

Applicant's Name \_\_\_\_\_

Applicant's Name(s), if any, Since Original Certification \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Original Certification Date \_\_\_\_\_

## Section B: Seminars/Workshops Attended

Note: Complete this section ONLY if you do not have a certificate of attendance for a seminar or workshop or other documentation confirming participation in the program OR if you are requesting points for watching/listening to video or audio recordings. If you copy this page for additional entries in this section, fill in your name in Section A.

[sample]

Date of Event	Program Sponsor	Hours Attended	Recertification Points (hours attended x 1 point)	Session Topic (including description of the topic)

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**NOTE: The following application pages are only needed when you DO NOT have a certificate of attendance or other verification materials.**

### **Section C: 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.

Date of Event	Program Sponsor	Hours Taught	Recertification Points (hours taught x 4 point)	Session Topic (including description of the topic)

### **Section D: Petition for Recertification Points**

Note: Complete this section to request points for writing articles or publications, self study, or for participating in activities not included in other modules. Attach documentation to verify participation.

Activity Date	Program Sponsor	Requested Points	Description of Article or Publication	How Article/Publication Applies to ALP

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