

NALS Specialty Certificate Application

APPLICANT INFORMATION:

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Current NALS Certifications Held Professional Paralegal (PP) Professional Legal Secretary (PLS)

Validity Date(s) of Certification(s) Referenced Above _____

SPECIALTY CERTIFICATE(S) YOU ARE APPLYING FOR:

- | | | | |
|--|---|---|---|
| <input type="radio"/> Administrative Law | <input type="radio"/> Corporate Law | <input type="radio"/> Family Law | <input type="radio"/> Personal Injury Law |
| <input type="radio"/> Appellate Law | <input type="radio"/> Criminal Law | <input type="radio"/> Immigration Law | <input type="radio"/> Real Estate Law |
| <input type="radio"/> Bankruptcy Law | <input type="radio"/> E-Discovery | <input type="radio"/> Insurance Law | <input type="radio"/> Trial Management |
| <input type="radio"/> Business Law | <input type="radio"/> Elder Law | <input type="radio"/> Intellectual Property | |
| <input type="radio"/> Civil Litigation | <input type="radio"/> Employment Law | <input type="radio"/> Juvenile Law | |
| <input type="radio"/> Contract Law | <input type="radio"/> Estate Planning/Probate | <input type="radio"/> Law Office Management | |

AFFIDAVIT:

State of _____ County of _____

On this _____ day of _____, 20____, I, _____, hereby affirm that: (i) I have earned the 50 continuing education credits necessary to earn my NALS Specialty Certificate in the category or categories reference above; (ii) during my current certification validity 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 NALS may result in revocation of my NALS Specialty Certificate.

Subscribed and affirmed before me on _____

Notary Public _____

Commission Expiration Date _____

(Place Notary Seal In Space Above)

Return completed application packet to:

NALS Resource Center
8159 East 41st St
Tulsa, OK 74145
Fax: 918-582-5907
Email: cert-edu@nals.org

Include Applicable Fees As Listed Below:

\$150 per specialty certificate - Member Rate
\$200 per specialty certificate - Non Member Rate

You may pay using credit card or check (payable to NALS). You may also apply online at www.nals.org/specialtycertificate.

Total Amount Due: _____

Visa Credit Card Number _____

MasterCard Expiration Date _____ Security Code _____

Discover Signature _____

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Section A: 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.

[sample]

| Date of Event | Program Sponsor | Hours Attended | Session Topic/Description |
|---------------|-----------------|----------------|---------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Section B: 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.

[sample]

| Date of Event | Program Sponsor | Hours Attended x 4 | Session Topic/Description |
|---------------|-----------------|--------------------|---------------------------|
| | | | |
| | | | |
| | | | |

Section C: Petition for Recertification Points

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

[sample]

| Activity Date | Program Sponsor | Requested CLE Hours | Description of Article or Publication | How Article/Publication Applies to Specialty |
|---------------|-----------------|---------------------|---------------------------------------|--|
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