



**AMERICAN ALLIANCE OF PARALEGALS, INC.
AACP RENEWAL APPLICATION**

Please complete this form, along with affidavit and **\$25.00** check made payable to American Alliance of Paralegals, Inc.

Applicant Information

Name: _____

Home Address: _____

Home Phone No.: _____ Cell Phone No.: _____

Employer: _____

Employer Address: _____

Work Phone No.: _____ Work Fax No.: _____

E-Mail Address: _____

Date on AACP Credential Certificate: _____

CLE Information

In order to renew, every AACP shall renew his/her certification status every three (3) years and complete eighteen (18) hours of continuing legal education (“CLE”), with three (3) of the eighteen (18) hours being in ethics. **Please attach proof of completed certificates and supporting documents.**

CLE Program/Provider Hours	Subject	Date	CLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFFIDAVIT OF AACP RENEWAL

I hereby certify that the information provided and attached on my renewal application is true and correct to the best of my knowledge. I am currently employed as a paralegal.

Dated

Signature

Submit Renewal Application to:

American Alliance of Paralegals, Inc.
ATTN: Director of Education
4001 Kennett Pike
Suite134-146
Wilmington, Delaware 19807-2000

Please include a check or money order in the amount of **\$25.00** made payable to the American Alliance of Paralegals, Inc.

PLEASE SUBMIT ALL COMPLETED CLE CERTIFICATES, SUPPORTING DOCUMENTS AND RENEWAL FEE. IF YOUR RENEWAL APPLICATION IS INCOMPLETE, IT MAY BE REJECTED. YOU WILL RECEIVE NOTIFICATION THAT YOUR RENEWAL HAS BEEN APPROVED. PLEASE ALLOW SIX WEEKS FOR THE RENEWAL PROCESS.