

**AMERICAN ALLIANCE OF PARALEGALS
APPLICATION FOR CERTIFICATION (AACP)**

Print your name and address clearly in the spaces below.

NAME AND ADDRESS OF APPLICANT (PRINT)

SUBMIT TO:

American Alliance
Certification Commission
16815 East Shea Blvd.
Suite 110, Box 101
Fountain Hills, AZ 85268

Date rec'd _____
By _____

SUBMIT WITH APPLICATION –

- A certified copy of your official transcript(s) from the educational institution(s) you have referenced on this application.
- Evidence that the paralegal educational institution(s) is ABA approved or a voting institutional member of the American Association for Paralegal Education (“AAfPE”). This evidence may be obtained directly from your school or by going to the ABA or AAfPE website.
- An affidavit or declaration (on company or law firm letterhead) from an attorney-at-law attesting to your substantive paralegal work experience.
- A check or money order in the amount of \$75.00 made payable to: American Alliance of Paralegals Inc. Attention: Certification Commission, 16815 East Shea Blvd., Suite 110, Box 101, Fountain Hills, AZ 85268.

_____ Check/money order # _____ payable to “American Alliance of Paralegals Inc.”

IT IS YOUR RESPONSIBILITY TO SUBMIT ALL THE REQUIRED DOCUMENTS AND FEES.

Because of the large volume of applications received, the Certification Commission is unable to acknowledge receipt. You will be notified of any deficiencies in your application and will be given the opportunity to submit additional information or documentation. If your application and/or supporting documents are not complete, your application could be rejected. You will receive an AACP certificate when your application has been approved.

AFFIRMATION OF APPLICANT

I hereby affirm that I have not been convicted of a felony, that I am not a disbarred or suspended lawyer and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved to receive the AACP designation, I will adhere to and be bound by the American Alliance’s Code of Ethics.

I hereby affirm that the information contained on the AACP application is true and accurate to the best of my knowledge.

Date: _____

Signature: _____

Eligibility

You must be presently working as a paralegal;
Have at least five (5 years) of substantive paralegal experience; AND

- A Bachelor Degree in any discipline from an accredited institution; or
- An Associate Degree in paralegal studies from an ABA approved paralegal program or a program which is a voting institutional member of the American Association for Paralegal Education ("AAfPE");
or
- A Certificate from an ABA approved paralegal program or a program which is a voting institutional member of the American Association for Paralegal Education ("AAfPE").

Full Legal Name (If no middle name, indicate as "NMN"). If middle name is an initial only, so indicate.

First	Middle	Last
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a) Is this how your name is to appear on your certificate? _____ Yes _____ No

b) If "no", indicate preference:

First	Middle	Last
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Mailing Address

Street: _____ Apt or Suite (circle one) _____

City: _____ State: _____ Zip Code: _____

Telephone

Day time () _____ Evening: () _____

E-mail _____

You must notify the American Alliance Certification Commission, in writing, of any changes.

Are you a member of the American Alliance?

_____ Yes

_____ No

Paralegal Experience

Present Employer _____

Employer's Address _____

Tel: No. _____ Dates of Employment _____

Past Employer _____

Employer's Address _____

Tel: No. _____ Dates of Employment _____

Past Employer _____

Employer's Address _____

Tel: No. _____ Dates of Employment _____

Education

Using the eligibility requirements shown above, please check those that apply to you:

_____ DEGREE:

_____ **PhD** Degree Awarded: _____

Name of educational institution _____

Address: _____

_____ **Master** Major: _____

Minor: _____

Degree Awarded: _____

Name of educational institution _____

Address: _____

_____ **Bachelor** Major: _____
Minor: _____
Degree Awarded: _____

Name of educational institution _____

Address: _____

_____ **Associate Degree in paralegal studies**

Major: _____
Minor: _____
Degree Awarded: _____

Name of educational institution _____

ABA Approved _____ AAFPE Voting Institutional Member _____

Address: _____

_____ PARALEGAL CERTIFICATE Certificate Awarded: _____

Name of educational institution _____

ABA Approved _____ AAFPE Voting Institutional Member _____

Address: _____

List, by name, all law related organizations to which you belong

**APPLICANT'S WORK EXPERIENCE
ATTORNEY-AT-LAW DECLARATION**

I, _____ declare as follows:
(attorney's name)

1. I am an attorney-at-law admitted to the State Bar of _____.
2. That I am personally acquainted with _____
(paralegal's name)
3. That the paralegal has performed substantive legal work while in my employ during the period from _____ to _____.
4. That the above statements are true and correct.

Date _____

Signature _____

[Additional copies of the Attorney Declaration to cover the five-year period may be made as needed.]

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