

SOUTH JERSEY PARALEGAL ASSOCIATION  
A Non-Profit Corporation  
P. O. BOX 355  
HADDONFIELD, NJ 08033

[www.sjparalegals.org](http://www.sjparalegals.org)

**APPLICATION FOR NJCP (NEW JERSEY CERTIFIED PARALEGAL)**  
**CREDENTIAL**

NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_  
CURRENT EMPLOYER: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
WORK PHONE NO.: \_\_\_\_\_ WORK FAX NO.: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
CURRENT EMPLOYER DATES OF EMPLOYMENT: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
ARE YOU A VOTING MEMBER OF SJPA: Yes \_\_\_\_\_ No \_\_\_\_\_

(Provide past employer information **ONLY** if employed with current employer less than 5 years. If you have more than one past employer, please attach this information on a separate page.)

PAST EMPLOYER: \_\_\_\_\_  
PAST EMPLOYER ADDRESS: \_\_\_\_\_  
PAST EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_  
PAST EMPLOYER DATES OF EMPLOYMENT: \_\_\_\_\_  
TITLE WHEN WORKING FOR PAST EMPLOYER: \_\_\_\_\_

**EDUCATION**

Using the eligibility requirements as stated, please complete those which apply to you:

\_\_\_\_\_ Bachelor's Degree  
Name of Educational Institution: \_\_\_\_\_  
Address of Institution: \_\_\_\_\_  
Area of Study in which Degree was obtained: \_\_\_\_\_

**FORM A**

\_\_\_\_\_ Associate's Degree  
Name of Educational Institution: \_\_\_\_\_  
Address of Institution: \_\_\_\_\_  
Area of Study in which Degree was obtained: \_\_\_\_\_  
\_\_\_\_\_ Paralegal Certificate  
Name of Educational Institution: \_\_\_\_\_  
Address of Institution: \_\_\_\_\_  
Was Certificate Program ABA-approved? Yes \_\_\_\_\_ No \_\_\_\_\_

Submit to:

South Jersey Paralegal Association  
P. O. Box 355  
Haddonfield, NJ 08033  
ATT: NJCP Criteria Committee

Submit with Application:

- (1) Certified copy of the applicant's official transcript(s) from the educational institution(s) attend **OR** a letter from the educational institution(s) attended indicating the dates of the applicant's attendance and the date of the applicant's graduation **OR** a copy of diploma received by the applicant from the educational institution(s) attended. Registered Paralegals (RP) and Certified Legal Assistants (CLA) need only submit a copy of their original RP or CLA Certificate and a copy of their current letter/certificate of good standing. Candidates who are making application for certification under Section IV.H. of the Program need not provide documentation relating to educational institutions.
- (2) Declaration(s) from an attorney(s) attesting to the applicant's substantive paralegal work experience. The total number of attested years of substantive legal experience must meet the minimum number of years in the subsection of the Criteria – Education and Experience Criteria under which the applicant is applying.
- (3) Check or money order in the amount of \$35.00 made payable to *South Jersey Paralegal Association*.

**NOTE: Applicant must be a Voting Member in good standing of SJPA at the time of application. Therefore, a NJCP application CANNOT be submitted simultaneously with an application for membership in SJPA.**

Please do not submit any CLE-related items at this time. These items should be submitted when the applicant's NJCP designation renewal is due in two years. Please do not include or attach any information or documents beyond the requirements of the application.

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

**If your application and/or supporting documents are incomplete, your application may be rejected.**

**You will receive your NJCP Certificate when your applications has been approved. PLEASE ALLOW 45 DAYS FOR THE APPROVAL PROCESS.**

**AFFIRMATION OF APPLICANT**

**I hereby affirm that I have not been convicted of a felony or a crime of moral turpitude, that I am not a disbarred or suspended attorney, and that I have not been engaged in the unauthorized practice of law. Further, I understand that once approved to receive the NJCP credential, I will adhere to and be bound by the NFPA's Code of Ethics and Professional Responsibility.**

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

\_\_\_\_\_  
Date (Application MUST be dated)

\_\_\_\_\_  
Signature

**FOR ASSOCIATION USE ONLY;**

\_\_\_\_ APPLICATION APPROVED

\_\_\_\_ APPLICATION DENIED

REASON FOR DENIAL: \_\_\_\_\_

\_\_\_\_ FEE RECEIVED    \_\_\_\_ DATE RECEIVED    \_\_\_\_ CHECK NO. \_\_\_\_\_

RENEWAL DUE DATE: \_\_\_\_\_

CERTIFICATE # ISSUED: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_