

SOUTH JERSEY PARALEGAL ASSOCIATION

A Non-Profit Corporation
P.O. Box 355
HADDONFIELD, NJ 08033

www.sjparalegals.org

New Jersey Certified Paralegal Program
Renewal Application

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Email address: _____

Are you currently employed (check one): Yes _____ No: _____

Employer: _____

Address of Employer: _____

Work Phone No.: _____

Submit this renewal form and \$15.00 renewal fee to:

South Jersey Paralegal Association
Attn: NJCP Renewal
P.O. Box 355
Haddonfield, NJ 08033

Please submit the Certified Legal Education (CLE) Form with a complete list of the seminars, including dates and total number of credits received, along with a copy of all certificates obtained. (The CLE form can be found on the SJPA website.)

** Please note: There will be a \$25.00 fee assessed, including bank fees, for any checks returned as non-sufficient funds. You **MUST** be a voting member in good standing of SJPA at the time of this renewal application. Please allow 30 days for the renewal approval process.

Affirmation of Applicant

I 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 my renewal has been approved for the NJCP credential, I will adhere to and be bound by the National Federation of Paralegal Association's Code of Ethics and Professional Responsibility.

I also affirm that the information continued in this renewal application is true and accurate to the best of my knowledge.

Signature

Printed Name

Date: _____
(Renewal must be dated)

For Association Use Only:

Renewal Approved: _____

Renewal Denied: _____

Reason for Denial: _____

Date fee received: _____

Check Number: _____

New renewal date: _____

Certificate No. : _____