

SOUTH JERSEY PARALEGAL ASSOCIATION

*A Non-Profit Corporation*

P.O. Box 355

HADDONFIELD, NJ 08033

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

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 \$25.00 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 nonsufficient 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: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date fee received: \_\_\_\_\_

New renewal date: \_\_\_\_\_

Original Certificate No. : \_\_\_\_\_