

SUBMIT TO:
 South Jersey Paralegal Association
 ATTN: NJCP Criteria Committee
 PO Box 9
 Stratford, NJ 08084
 (OR)
 Via email to
Christi Valerio at christivalerio@yahoo.com

New Jersey Certified Paralegal (NJCP Credential) – New Member Application

PERSONAL & EMPLOYMENT INFORMATION:

| | |
|---|--|
| NAME: | |
| HOME ADDRESS | |
| PHONE No. | |
| PERSONAL EMAIL | |
| CURRENT EMPLOYER | |
| EMPLOYER ADDRESS | |
| WORK PHONE No. | |
| WORK EMAIL | |
| START DATE OF CURRENT EMPLOYMENT | |
| TITLE | |
| Are you a current voting member of SJP? | |

Please provide previous employer information **only** if employed with current employer less than 5 years. If you have more than one previous employer, please attach this information on a separate page.

| | |
|---------------------|--|
| PREVIOUS EMPLOYER | |
| ADDRESS | |
| PHONE No. | |
| DATES OF EMPLOYMENT | |
| PREVIOUS TITLE | |

EDUCATION:

Utilizing the eligibility requirements in the NJCP Plan , please check and complete the section that applies:

| | |
|------------------------------------|--|
| Bachelor’s Degree | |
| Name of Educational Institution: | |
| Address of Institution: | |
| Area of study for degree obtained: | |

| | |
|------------------------------------|--|
| Associate’s Degree | |
| Name of Educational Institution: | |
| Address of Institution: | |
| Area of study for degree obtained: | |

| | |
|-----------------------------------|--|
| Paralegal Certificate | |
| Name of Educational Institution: | |
| Address of Institution: | |
| Certificate Program ABA Approved? | |

ENCLOSURES WITH APPLICATION

Note: Applicant must be a Voting Member and in good standing of SJPA or another Paralegal Association at the time of submitting application. Therefore, a NJCP application shall not be submitted simultaneously with an application for an SJPA membership. Please do not submit any CLE-related documents at this time. These documents are required for a NJCP renewal, which is due in 2 years from the date of New Member Approval. Please do not include any information or documents beyond the requirements of this Application.

Enclosures:

1. - Certified copy of the applicant’s official transcript(s) from the educational institution (**OR**)
 - Letter from the educational institution(s) indicating the dates of the applicant’s attendance and graduation (**OR**)
 - A copy of diploma received by the applicant from the education institution(s) attended.
 - Another Paralegal Association Certificate of which you are a current member.

Note: 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

2. Declaration(s) from an attorney(s) attesting to the applicant’s substantive paralegal work experience. The total number of attested years must meet the minimum number of years in the NJCP Plan, Section 4 Criteria.
3. Credit Card payment can be made on the website, under the NJCP tab via PayPal (no account needed) and enclose a copy of the payment receipt (**OR**) remit a check in the amount of \$50.00 made payable to South Jersey Paralegal Association with a note in memo field: NJCP 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 denied. You will be notified by our NJCP Chairperson and receive your NJCP Certificate when your application has been approved.

PLEASE ALLOW 45 DAYS FOR THE APPROVAL PROCESS AS THIS REQUIRES BOARD MEMBER APPROVAL

AFFIRMATION OF APPLICANT

I hereby affirm that I have not been convicted of a felony or a crime or 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.

Print Name: _____

Signature: _____

Date: _____



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|--------------------------|----------------------------------|
| For SJPA Use Only | |
| | Date Application Received |
| | Fee Received |
| | Check # or PayPal Receipt |
| | Application Approved |
| | Application Denied |
| | Renewal Due Date |
| | Certificate # Issued |
| | Processed By |
| | Date Approved |
| Reason for Denial | |