



Candidate Application
and
Affidavit of Work Experience

Completed applications must be sent to:
The National Federation of Paralegal Associations, Inc.
23607 Highway 99, Suite 2-C
Edmonds, Washington 98026
Telephone: (425) 967-0045
E-Mail: info@paralegals.org

Any applications sent directly to Professional Examination Services will be returned to the sender.

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PACE APPLICATION - RETURN TO: NFPA, 23607 Highway 99, Suite 2-C, Edmonds, WA 98026

IF YOU DO NOT COMPLETE THIS APPLICATION ACCURATELY AND ACCORDING TO INSTRUCTIONS, OR IF IT CANNOT BE READ, YOUR APPLICATION WILL BE REJECTED AND RETURNED TO YOU. COMPLETE THIS APPLICATION BY TYPEWRITER OR IN INK WITH A BALLPOINT PEN - DO NOT USE A FELT MARKER.

1. APPLICANT INFORMATION

FIRST NAME	MI	LAST NAME	PREVIOUS NAME*
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HOME ADDRESS

CITY	STATE	ZIP
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HOME PHONE (Area code, number)	WORK PHONE (Area code, number)
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FAX (Area code, number)	SOCIAL SECURITY NUMBER
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E-MAIL ADDRESS(ES)

**A copy of your marriage certificate or other order granting a change of name must be included with your application if the education and/or work experience was in a different name.*

2. SPECIALTY AREAS

Indicate all the specialty areas in which you have at least six months of experience. This information is for statistical use only and is not used to verify your experience for qualification purposes.

- ☐ Administrative Law
- ☐ Corporate
- ☐ Family Law
- ☐ Insurance
- ☐ Litigation
- ☐ Personal Injury
- ☐ Probate/Estates and Trusts
- ☐ Real Estate
- ☐ Other _____

Experience Level:

How many years of paralegal experience do you have? _____

3. ELIGIBILITY

This application is based on ONE of the following eligibility prerequisites:

- ☐ At least four years of substantive experience as a paralegal obtained by December 31, 2000;
- ☐ An associate's degree in paralegal studies obtained from an institutionally accredited or ABA-approved paralegal education program *and* at least six years of substantive paralegal experience;
- ☐ A bachelor's degree in any course of study *and* at least three years of substantive paralegal experience; or
- ☐ A bachelor's degree that includes completion of a paralegal program with an institutionally accredited school, said program may be embodied in a bachelor's degree, *and* at least two years of substantive paralegal experience.

4. HIGHEST EDUCATIONAL LEVEL ACHIEVED

- | | |
|---|---------------------------|
| <input type="radio"/> Associate's degree | Paralegal Certificate: |
| <input type="radio"/> Bachelor's degree | |
| <input type="radio"/> Bachelor's degree including paralegal studies | <input type="radio"/> Yes |
| | <input type="radio"/> No |
| <input type="radio"/> Master's degree | |
| <input type="radio"/> Doctorate (Ph.D.) | |
| <input type="radio"/> Juris Doctor (J.D.) | |

5. APPLICATION STATUS

(Select only one)

- ☐ First-time PACE candidate
- ☐ Second-time/Repeat PACE candidate

6. DEMOGRAPHIC INFORMATION

You can assist NFPA in complying with federal equal opportunity guidelines by responding to the next three optional questions addressing race, age, and sex. This information will be used for statistical purposes only and will in no way affect your examination eligibility or results.

- | Ethnic Origin | Age Range | Gender |
|---|------------------------------------|------------------------------|
| <input type="radio"/> American Indian/Native American | <input type="radio"/> Under 25 | <input type="radio"/> Male |
| <input type="radio"/> Asian, Asian American | <input type="radio"/> 25-29 | <input type="radio"/> Female |
| <input type="radio"/> African American/Black | <input type="radio"/> 30-34 | |
| <input type="radio"/> Hispanic, Hispanic American | <input type="radio"/> 35-39 | |
| <input type="radio"/> Caucasian/White | <input type="radio"/> 40 and above | |
| <input type="radio"/> Other _____ | | |

7. MEMBERSHIP

Are you a member of NFPA or one of its member associations?

- ☐ Yes
Member association (if applicable): _____
- ☐ No

8. SPECIAL ACCOMMODATIONS

Indicate whether you are requesting special accommodations for this examination.

- ☐ Yes (Documentation required. See below or refer to Candidate Handbook.)
- ☐ No

Applicants who selected Yes - Please state your disability.

Disability:

Special accommodations requested:

If you need special accommodation, you must also provide the following documentation with your application:

- ☐ A letter explaining the need for accommodations and the nature of your disability; and
- ☐ A letter (on official stationery) supporting the requested accommodations from an appropriate professional who is knowledgeable about the disability.

9. FEES

The examination fee for PACE is \$225 NFPA members; \$250 non-NFPA members; the examination fee **must** be included with your application submission. Additionally all applications must include a \$25 application fee. The examination fee and application processing fee may be combined in a single check or money order.

Payment may be made by business or personal check, money order, VISA, MasterCard, or American Express. Checks and money orders should be made payable to NFPA - PACE.

Application forms and supporting documentation that are incomplete, not legible, or lacking required supporting documentation will be returned, along with your examination fee and supporting documentation. If your application is incomplete and returned, you must resubmit all information including the examination fee and an additional \$25 processing fee.

10. PAYMENT METHOD

Please select your form of payment.

- ☐ Check payable to NFPA - PACE
- ☐ Money order or certified check payable to NFPA - PACE
- ☐ Credit card (Visa, MasterCard, or American Express accepted)

16-digit credit card number

Expiration Date (Month/Yr)

CSV #

Signature

Date

If the credit cardholder is not the same as the applicant, please provide the following information. This information must appear exactly as presented on the credit card being used to pay the examination fee.

First Name

MI

Last Name

11. ORIGINAL DOCUMENTS ENCLOSED

(See also application checklist)

- ☐ Notarized copies of diplomas enclosed
- ☐ Official transcripts enclosed
- ☐ Letter of Reference is enclosed
- ☐ Letter(s) of Employment Verification is/are enclosed

12. NOTICE OF PASSING PACE

For candidates successfully passing PACE, NFPA, or any of its agents or assigns, reserves the right to release limited information as to the name, city, state and association affiliation of the candidate unless written notification to the contrary is provided to NFPA Headquarters.

13. ACKNOWLEDGMENT STATEMENTS

Exam Impropriety Clause

I apply to sit for PACE. I understand that successful completion of PACE depends on my satisfying all criteria for knowledge, education, and experience established by NFPA, including the submission of all required documents and references. I also understand that any false, inaccurate, or misleading statements included here will constitute grounds for the suspension or revocation of the PACE credential awarded on the basis of the information I provide.

I understand and acknowledge that PACE and its contents are highly confidential and proprietary to NFPA and PACE. By signing this acknowledgment, I agree not to copy, distribute, or disclose the contents, or breach its confidentiality. I further acknowledge that disclosure of exam questions or specific contents may result in the loss of the credential and/or inability to sit for the exam at some future time.

I further understand that, if I pass PACE, NFPA reserves the right to release limited information as to my name, city, state and association affiliation unless I give NFPA Headquarters written notice to the contrary.

By signing this application, I certify that I have not been convicted of a felony or comparable crime as defined by an individual state that does not have a felony designation. I also certify that I am not currently under suspension, termination, or revocation of a certificate, registration, or license to practice by a professional organization, court, disciplinary board, or agency in any jurisdiction.

I understand that by signing this acknowledgment, I am giving full authority to the Certification Standards Committee, NFPA, Professional Examination Services, Prometric, or any of its agents to obtain all necessary information to confirm this application, including its supporting documents. Further, I acknowledge that this is a release to any individual or entity that I have referenced in the application and/or supporting documents to provide any and all information necessary to support and/or deny my application.

Applicant's Signature

Date

Print Name

PACE Affidavit of Education and Work Experience Form

Page 1 of 2

This form must be completed and submitted with the Application Form. Complete both pages. Verification of work experience is required of all candidates submitting an application.

☐ Mr.

☐ Ms.

First Name

MI

Last Name

Previous Name (if applicable)

Title/Position

Current Employer

Current Employer's Address

City

State

Zip Code

Work telephone number (Area Code, Number, Extension): _____

E-mail address(es): _____

EDUCATION: (Notarized copy of diploma(s) and official transcripts must be attached – do not send transcripts separately.)

A. Institution: _____

Major: _____

Degree/diploma obtained: _____

Date of degree/diploma: _____

B. Institution: _____

Major: _____

Degree/diploma obtained: _____

Date of degree/diploma: _____

WORK EXPERIENCE AS A PARALEGAL - Begin with your current or most recent employer, unless you are applying under the experience requirement only. In that case, provide information about your substantive paralegal experience obtained on or before December 31, 2000. (Please indicate if experience gained is part of an internship.)

1. Employer: _____ Start Date: _____ End Date: _____

Employer Address: _____

Supervisor's name, state and bar number, if applicable: _____

Telephone No.: _____

Description of duties: (Be specific. Attach extra pages as needed):

☐ Full-time ☐ Part-time (Average hours per work week: _____)

WORK EXPERIENCE AS A PARALEGAL (CONTINUED) Page 2 of 2

2. Employer: _____ Start Date: _____ End Date: _____
Employer Address: _____
Supervisor's name, state and bar number, if applicable: _____

Telephone No.: _____

Description of duties: (Be specific. Attach extra pages as needed):

☐ Full-time ☐ Part-time (Average hours per work week: _____)

3. Employer: _____ Start Date: _____ End Date: _____
Employer Address: _____
Supervisor's name, state and bar number, if applicable: _____

Telephone No.: _____

Description of duties: (Be specific. Attach extra pages as needed):

☐ Full-time ☐ Part-time (Average hours per work week: _____)

You may attach as many sheets as you need in order to document the required years of substantive paralegal experience.

APPLICANT'S SIGNATURE: I certify that the information submitted is true to the best of my knowledge.

Applicant's Signature

Date

State of _____

County of _____, to-wit:

Subscribed and sworn to before me this ____ day of _____, 20____.

My Commission Expires: _____

My Commission No.: _____

Notary Public in and for the state of _____

PACE Candidate Application Checklist

An incomplete Application or Affidavit of Work Experience and/or missing documentation will delay application processing and will result in a \$25 additional reprocessing fee.

STOP! Your application package must include the following items:

- ☐ 1. The completed PACE Application (pages 2-6)
- ☐ 2. The completed and notarized PACE Affidavit of Education and Work Experience Form (pages 7-8)
 - Please affix all education and work experience documentation to the Affidavit.
- ☐ 3. A letter from your current (or previous, if necessary) employer(s) verifying your work experience
 - The letter must be an original, typed or written on the employer's letterhead. **It may not be submitted separately from your application package.** It must include:
 - The specific dates of your employment
 - Verification of your work experience as a paralegal (as defined in the PACE Handbook)
 - The original signature of your employer
 - Your name on the envelope, if the employer elects to provide the letter in a sealed envelope
- ☐ 4. A letter of reference from a member of the legal community (defined by the Certification Standards Committee as a lawyer, judge, or Registered Paralegal)
 - The letter must be an original, typed or written on the individual's letterhead. **It may not be submitted separately from your application package.** It must include:
 - Verification of your paralegal work, including a detailed description of the substantive legal nature of the work
 - The number of years the individual has been familiar with your paralegal work
 - The original signature of the individual
 - Your name on the envelope, if the individual elects to provide the letter in a sealed envelope
- ☐ 5. A notarized copy of your college diploma (notarization must be original)
 - If the diploma was received in another country, provide an evaluation of equivalency to United States degrees. If your degree was obtained via distance learning, provide a copy of the evaluation of equivalency previously requested from the Certification Standards Committee.
- ☐ 6. A notarized copy of your paralegal certificate or an official transcript
 - Transcripts do not need to be in a sealed envelope, but they must be originals. If a paralegal certificate was obtained outside the United States, provide a copy of the evaluation of equivalency previously requested from the Certification Standards Committee.
- ☐ 7. A photocopy of a marriage certificate or other applicable documentation supporting a name different than that on your diploma(s) or transcript(s)
- ☐ 8. The \$25 application processing fee and the appropriate examination fee
 - If you are resubmitting an application, which was returned to you for insufficient documentation, you will need to include an additional \$25 application reprocessing fee.

Please keep a photocopy of your PACE application package for your records.

If you apply to retake PACE within two years of your last examination date, you do not need to attach the supporting documentation.