

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

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.

FIRS	ST NAME	MI	LAST NAME	PREVIOUS NAME*		
HON	ME ADDRESS					
CITY	Y		STATE	ZIP		
HOME PHONE (Area code, number)		WORK PHONE (Area code, number)				
FAX	(Area code, num	lber)	SOCIAL SECURITY	NUMBER		
E-M	AIL ADDRESS(ES)				
*A co	ppy of your marriag	,		st be included with your application		
*A co	ppy of your marriag	e certificate or other orde work experience was in a		st be included with your application		
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3. ELIGIBILITY

O No

This	application is based on ONE of the fol	lowin	g eligibili	ty	prerequisites	S:	
00 0	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 <i>and</i> at least six years of substantive paralegal experience; A bachelor's degree in any course of study <i>and</i> 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, <i>and</i> at least two years of substantive paralegal experience.						
4. H	HIGHEST EDUCATIONAL LEVI	EL A	CHIEVE	ΞI)		
000 000	Associate's degree Bachelor's degree Bachelor's degree including paralegal studies Master's degree Doctorate (Ph.D.) Juris Doctor (J.D.)		Par O O	ra	legal Certific Yes No	ate:	
	APPLICATION STATUS						
(Selec	ct only one)						
0	First-time PACE candidate Second-time/Repeat PACE candidate						
6. D	EMOGRAPHIC INFORMATION	1					
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.							
Ethi O O O O O O	American Indian/Native American Asian, Asian American African American/Black Hispanic, Hispanic American Caucasian/White Other	Age 0 0 0 0 0	Range Under 2: 25-29 30-34 35-39 40 and a		ove	Gen O	n der Male Female
7. N	MEMBERSHIP						
Are o	you a member of NFPA or one of its m Yes Member association (if applicable):						

8. SPECIAL ACCOMMODATIONS

Indi	cate whether you are requesting special accommodations for this examination.
0	Yes (Documentation required. See below or refer to Candidate Handbook.) No
App	plicants who selected Yes - Please state your disability.
Disa	ability:
Spe	cial accommodations requested:
•	ou need special accommodation, you must also provide the following documentation with your lication:
0	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 <u>additional</u> \$25 processing fee.

10. PAYMENT METHOD

Please select your form of payment.

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

16-digit credit card number

Expiration Date (Month/Yr)

CSV#

Signature

Date

<u>If the credit cardholder is not the same as the applicant</u>, 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)

- O Notarized copies of diplomas enclosed
- O Official transcripts enclosed
- O Letter of Reference is enclosed
- O 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 I	Name	Previous Name (if appli	cable)
Title/Position					
Current Employer					
Current Employer's Address					
City		State		Zip Code	
Work telephone number (Area C	ode, Number, Extension	n):			
E-mail address(es):					
EDUCATION: (Notarized copy of	diploma(s) and official tra	nscripts <u>must</u> be att	ached – do not se	end transcripts separately.)	
A. Institution:		Ν	1ajor:		
Degree/diploma obtained:		D	ate of degree/d	ploma:	
		Ν	Лаjor:		
B. Institution: Degree/diploma obtained:		D	Pate of degree/d	iploma:	
WORK EXPERIENCE AS A PAR requirement only. In that case, prov (Please indicate if experience gained	ride information about you				
1. Employer:				d Date:	
Employer Address:					
Supervisor's name, state and b					
Telephone No.:					
Description of duties: (Be specifi	ic. Attach extra pages a	as needed):			
☐ Full-time ☐ Part-time (Avera					

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

2. Employer:	Start Date:	End Date:	_
Employer Address:			
Supervisor's name, state and bar r	number, if applicable:		
Description of duties: (Be specific.	Attach extra pages as needed):		
□ Full-time □ Part-time (Average	•		
	Start Date:	-	_
-			
Description of duties: (Be specific.	Attach extra pages as needed):		
☐ Full-time ☐ Part-time (Average	_		
You may attach as many sheets as yo	ou need in order to document the requir	ed years of substantive paralegal experience.	
APPLICANT'S SIGNATURE: 1 c	ertify 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.

$\begin{tabular}{ll} STOP! Your application package must include the following items: \\ \end{tabular}$

□ 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 <u>original</u>, 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 <u>original</u>, 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.