

**APPROVED PROVIDER APPLICATION FORM
FOR CONTINUING LEGAL EDUCATION CREDITS**

National Federation of Paralegal Associations
23607 Highway 99, Suite 2-C
Edmonds, WA 98026
425-967-0045 Phone
425-771-9588 Fax

A \$80 NONREFUNDABLE FEE MUST ACCOMPANY THIS APPLICATION. (SEE ATTACHED SEMINAR APPROVAL REQUEST FOR ADDITIONAL FEES WHICH MAY BE APPLICABLE TO YOUR APPLICATION. PLEASE PRINT OR TYPE.

1. NAME OF PROVIDER

2. CONTACT PERSON

3. PHONE (AREA CODE)

FAX (AREA CODE)

E-MAIL ADDRESS

4. MAILING ADDRESS

5. STREET ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

6. ☐ CHECK HERE IF YOU HAVE NOT RECEIVED NFPA CLE CREDIT APPROVAL DURING THE IMMEDIATELY PRECEDING TWO YEARS. A PROVIDER HISTORY FORM FOR **FOUR** SEPARATE EDUCATION ACTIVITIES PREVIOUSLY OFFERED BY THE APPLICANT MUST ACCOMPANY THIS APPLICATION (**SEE PROVIDER HISTORY ATTACHMENT**).

7. TYPE OF PROVIDER (**CHECK ALL THAT APPLY**):

☐ NFPA MEMBER INSTITUTION ☐ INDIVIDUAL ☐ COMMERCIAL EDUCATOR ☐ EDUCATIONAL

☐ GOVERNMENT AGENCY ☐ STATE BAR ASSN. ☐ PROFESSIONAL ASSN. ☐ NON-LEGAL PROF. ASSN.

☐ OTHER (Explain):

8. APPROVAL BY OTHER ORGANIZATIONS:

GRANTED BY:

DENIED OR REVOKED BY: (Specify Reasons)

9. IF YOU ARE SIMULTANEOUSLY REQUESTING CLE APPROVAL, PLEASE ATTACH AN APPROVED PROVIDER CLE APPROVAL REQUEST FORM FOR EACH ACTIVITY FOR WHICH CLE CREDIT IS SOUGHT, AND ADJUST THE APPLICATION FEE PER INSTRUCTIONS ON THE CLE APPROVAL REQUEST FORM.

CLE CREDIT APPROVAL FORM(S) ATTACHED

☐ Yes ☐ No

TOTAL FEES ENCLOSED \$

10. CERTIFICATION: Provider acknowledges that its approved provider status may be revoked for noncompliance with the NFPA CLE guidelines, and amendments thereto, or for failure to comply with the agreements and certifications contained in this form. Provider agrees that all education activities for which credit is sought that are sponsored by provider while an approved provider will meet the standards set out in the NFPA CLE Guidelines. Provider agrees to comply with all of the requirements set out in the NFPA CLE guidelines and as may be promulgated by the NFPA in the future. If Provider uses promotional materials prior to provider approval, provider agrees to specify in all such materials that application for provider approval is pending, and to advise all participants as soon as possible whether or not provider approval is granted. Provider agrees to pay all fees charged by the NFPA in connection with this application, including a \$45 charge for each subsequent offering of an approved educational activity or seminar within the approval period. Provider certifies that the foregoing information and statements on this form and on all attachments are true and correct.

IMPORTANT: COMPLETION OF THIS FORM DOES NOT CONSTITUTE NFPA APPROVED PROVIDER STATUS, IF GRANTED, YOUR STATUS AS A NFPA APPROVED PROVIDER WILL BECOME EFFECTIVE ON THE DATE SET FORTH IN THE NOTIFICATION OF APPROVAL LETTER AND WILL EXPIRE ON DECEMBER 31, 20 ____.

DATE:

PROVIDER:

Signed _____

(Print Name & Title)

PROVIDER HISTORY ATTACHMENT

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RETURN WITH APPLICATION TO:

CLE Coordinator, NFPA
23607 Highway 99, Suite 2-C
Edmonds, WA 98026
425-967-0045 Phone
425-771-9588 Fax

COMPLETE THIS FORM IF YOU HAVE NOT RECEIVED NFPA CLE APPROVAL FOR AT LEAST FOUR SEPARATE EDUCATIONAL ACTIVITIES DURING THE PAST TWO YEARS. FILL OUT A SEPARATE COPY OF THIS ATTACHMENT FOR EACH OF FOUR SEPARATE EDUCATION ACTIVITIES OFFERED DURING THE IMMEDIATELY PRECEDING TWO YEAR PERIOD WHICH WOULD HAVE QUALIFIED FOR NFPA CLE CREDIT.

PLEASE PRINT OR TYPE

1. ACTIVITY NAME
2. DATE AND SITE OF PRESENTATION (or attach promotional material specifying such information)

Promotional materials attach? ☐ YES ☐ NO

3. NUMBER OF ATTENDEES (if applicable):
4. NATURE OF ACTIVITY (Check all that apply.)

☐ 1-10 ☐ 11-25
☐ 26-50 ☐ 51-150
☐ 151-300 ☐ over 300

☐ Live Presentation Workshop ☐ Audiovisual ☐ Skills
☐ Interactive Video ☐ Satellite/Microwave/Transmission
☐ Internet/Online Computer ☐ Other _____

5. LIST TIME SCHEDULE (or attach promotional material specifying such information)

Promotional material attached? ☐ Yes ☐ No

6. LIST TABLE OF CONTENTS OR EQUIVALENT (or attach promotional material specifying such information)

Promotional material attached? ☐ Yes ☐ No

7. LIST FACULTY NAME(S) AND CREDENTIALS (or attach promotional material specifying such information)

Promotional material attached? ☐ Yes ☐ No

8. CLE CREDIT HOURS: _____ Computed in accordance with Part I Section 2 of the NFPA CLE Guidelines (1 credit for each 60 minutes of instruction. Exclude breaks and meal periods.).

9. ALL ACTIVITIES MUST BE ACCOMPANIED BY SUBSTANTIVE WRITTEN MATERIALS. DID PROGRAM ATTENDEES RECEIVE SUBSTANTIVE WRITTEN MATERIALS? ☐ Yes ☐ No

Applicant agrees to retain sample copies of any such written materials for two years from the date of submittal of this application to the NFPA. DO NOT SUBMIT COURSE MATERIALS.