



**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 98020  
Telephone: (425) 967-0045  
E-Mail: [info@paralegals.org](mailto: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 WA 98020**

**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.**

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## **1. APPLICANT INFORMATION**

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FIRST NAME	MI	LAST NAME	PREVIOUS NAME*
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HOME ADDRESS

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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)

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*\*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"/> Master's degree                               | <input type="radio"/> No  |
| <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
- ☐ No

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Association Name

## 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:

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Special accommodations requested:

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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

Applications cost \$25 for NFPA members; \$75 for non-NFPA members. The application fee is paid at the time you purchase the application and handbook. If you downloaded or copied your application, you will need to include the appropriate application fee.

The examination fee for PACE is \$225 NFPA members; \$250 non-NFPA members; the examination fee **must** be included with your application submission.

Payment may be made by business check, money order, VISA, MasterCard or American Express. Checks or 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)

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**16-digit credit card number**

**Exp. Date (Month/Yr)**

**Security Code**

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**Signature**

**Date**

**Billing Zip Code**

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.

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**FIRST NAME**

**MI**

**LAST NAME**

## 11. ORIGINAL DOCUMENTS ENCLOSED

(See also application checklist)

- ☐ Original diplomas enclosed (Notarized copy also acceptable)
- ☐ Official transcripts enclosed
- ☐ Official transcripts to follow
- ☐ Letter of Reference is enclosed
- ☐ Letter(s) of Employment Verification is/are enclosed

## 12. NOTICE OF PASSING PACE

Unless indicated below, NFPA or any of its agents or assigns reserve the right to provide publication or correspondence to your employer, local newspaper, and/or local or state paralegal association as a result of your successful passage of PACE.

Please indicate below any that you request NFPA **not** contact or communicate with:

- ☐ Employer/Supervising Attorney
- ☐ Local newspaper
- ☐ Local or State Paralegal Association

### 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 PACE 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.

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**Applicant's Signature**

**Date**

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**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 sides. 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:** (Copy of diploma or official transcripts must be attached.)

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. If you need to, you may attach extra pages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ 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. If you need to, you may attach extra pages):

\_\_\_\_\_  
\_\_\_\_\_

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

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3. Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

Telephone No. : \_\_\_\_\_

Description of duties: (Be specific. If you need to, you may attach extra pages):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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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 \_\_\_\_\_ )

\_\_\_\_\_ ) S.S.

County of \_\_\_\_\_ )

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 Program Candidate Application Checklist

**This checklist is for your use only. Do not submit with application.**

The checklist below is included to assist you in reviewing your application materials. 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! Have you:**

- ☐ 1. Provided all information requested on both the Application and Affidavit of Education and Work Experience?
- ☐ 2. Completed and signed both the Application and Affidavit of Education and Work Experience? **The Affidavit must be notarized.**
- ☐ 3. Provided a letter verifying your work experience, including specific dates of employment, signed by your employer (and/or previous employers, if necessary)? The employer must verify your work experience as a paralegal (as defined in the Handbook) and dates during which the work was performed. **This letter must be on the employer's letterhead and submitted with your application. It cannot be submitted under separate cover.** If the employer prefers, he or she may state within the letter that it is being provided in a sealed envelope. The sealed envelope can be submitted with your application. Be sure that your name is written on the outside of the envelope.
- ☐ 4. Provided a letter of reference from a member of the legal community, defined by the PACE Standards Committee as a lawyer, judge, or Registered Paralegal? The letter must be on the individual's stationery verifying his/her knowledge of your paralegal work, including a detailed description of the substantive legal nature of the work, and must be submitted with your application. The letter must state the number of years the individual has been familiar with your paralegal work and detail the type of work you have performed. **This letter cannot be submitted under separate cover.** If the author chooses, he/she may state within the letter that it is being provided in a sealed envelope. Then the sealed envelope can be submitted with your application
- ☐ 5. Provided an original or notarized copy of your college diploma? 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 an evaluation of equivalency from the PACE Standards Committee.
- ☐ 6. Provided a copy of your paralegal certificate or an official transcript (if not included as part of your college diploma)? If a paralegal certificate was obtained outside the United States, provide an evaluation of equivalency from the PACE Standards Committee.
- ☐ 7. Included your examination fee via a check or money order (payable to NFPA-PACE), or VISA/MasterCard/American Express with appropriate cardholder signature? *If you downloaded or copied your application, you will need to include the appropriate application fee as well. If you are resubmitting your application which was returned to you for insufficient documentation, you will need to include the \$25 reprocessing fee.*
- ☐ 9. Attached all education and work experience documentation to the Affidavit of Education and Work Experience Form?
- ☐ 10. Kept a photocopy for your records?

If you are reapplying to take PACE within two years of the date of your last examination date, you do not need to attach the supporting documentation or the \$25 reprocessing fee. You do however need to repeat the application and examination process including the applicable application and examination fees.