



**APPLICATION FOR DEACTIVATION OF RP - EMERITUS STATUS AND
REACTIVATION OF RP STATUS**
(Form 9A.9-2)

Name: _____

Address: _____

Phone: _____

Fax: _____

e-mail (home): _____

e-mail (work): _____

RP #: _____

Date Of Last Active RP Status Prior to Emeritus Status Approval: _____

Date of Approval of Emeritus Status: _____

Are you currently in good standing (i.e., CLE requirements met, etc.)? ____ Yes ____ No

On what date will/did you return to work as a Paralegal? _____

Please enclose a check made payable to NFPA for Fifty Dollars (\$50.00) together with proof of CLE for 12 hours of NFPA approved CLE (at least one hour must be in ethics) and submit application to:

National Federation of Paralegal Associations, Inc.
23607 Highway 99, Suite 2-C
Edmonds, WA 98026

(Signature)

(Printed)

Date: _____

For further information regarding this application, contact NFPA at Phone: 425.967.0045
• Fax: 425.771.9588 • www.paralegals.org • e-mail: info@paralegals.org