

### PCCE Registration Statement and Affidavit of Continuing Education

Complete (print or type) this form and sign the affidavit before mailing to National Federation of Paralegal Associations, Inc., 23607 Highway 99, Suite 2-C, Edmonds, WA 98026. Phone: 425.967.0045 Fax: 425.771.9588 ***The CLE Coordinator does not handle processing of this form. It must be sent directly to NFPA.***

First Name                      Middle Initial                      Last Name                      (name on PCCE credential)

Address

City                                              State                                              Zip Code

Daytime telephone number (area code, number, extension):

Work E-mail:

Home E-mail:

**Important:** Renewal notices are now sent out by e-mail. Make sure we can contact you!

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Date on PCCE Core Registered Paralegal Certificate: \_\_\_\_\_, 20\_\_\_\_.

During the two year time period from my certificate date or last affidavit date, I have obtained eight (8) hours of continuing legal education with at least one (1) hour in legal ethics, pursuant to PCCE requirements.

CLE Provider	Subject	Date	CLE Hours
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**Attach appropriate certificates and supporting documents to evidence education credits and \$25 check payable to NFPA.**

I certify that the information submitted is true and correct to the best of my knowledge.

Applicant's Signature

Date