



Application for Waiver of Six (6) Month Waiting Period to Retake PACE®/PCCE™

Applicant Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____ Phone: _____

Date of Exam: _____, 20____

I am requesting a waiver of the six (6) month waiting period to retake:

Applicant: Please initial the applicable Exam, below:

___ Paralegal Advanced Competency Exam® (PACE®)

___ Paralegal Core Competency Exam™ (PCCE™)

Please initial and insert your name in the blanks provided below:

___ I, _____, understand that I am retesting at my own risk before the next regularly scheduled scoring run, but no sooner than four (4) weeks from original exam date.

___ I, _____, understand that the additional testing fee is being submitted at my own risk and will not be refunded.

Applicant Signature

Date

Upon completion of this form, please return it and the appropriate testing fee to

NFPA Headquarters
**Attention: Vice President & Director
of Paralegal Certification**
9100 Purdue Road, Ste 200
Indianapolis, IN 46268
Phone: (317) 454-8312
NFPA - The Leader of the Paralegal Profession™