



**Candidate Application**  
**and**  
**Affidavit of Work Experience**

Completed applications must be sent to:  
The National Federation of Paralegal Associations, Inc.  
9100 Purdue Rd, Suite 200 Indianapolis, IN 46268  
Telephone: 317-454-8312  
E-Mail: [info@paralegals.org](mailto:info@paralegals.org)

**Any applications sent directly to Prometrics will be returned to the sender.**

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### 3. ELIGIBILITY

This application is based on ONE of the following eligibility prerequisites:

Bachelor's degree, a paralegal certificate, no experience or continuing legal education (CLE)

BA/BS in paralegal studies, no experience or CLE

BA/BS degree, no paralegal certificate, 6 months experience and 1 hour ethics taken the year preceding exam application date

Associate's degree in paralegal studies, no experience or CLE

Associate's in any subject, a paralegal certificate, no experience or CLE

Associate's in any subject, no paralegal certificate, 1 year experience and 6 hours of CLE, including 1 hour ethics taken the year preceding exam app date

Active duty, retired or former military personnel qualified in a military operation specialty as a paralegal, 1 hour ethics taken the year preceding exam app date

A paralegal certification program that meets the NFPA short-term program position statement, 1 year experience, 6 hours of CLE, 1 hour ethics taken the year preceding exam app date

A high school diploma or GED, 5 years experience and 12 hours of CLE, inc. 1 hour ethics taken in the 2 years preceding exam app date

### 4. HIGHEST EDUCATIONAL LEVEL ACHIEVED

Paralegal Certificate:

High school diploma

Associate's degree

Yes

Bachelor's degree

No

Bachelor's degree including  
paralegal studies

Master's degree

Doctorate (Ph.D.)

Juris Doctor (J.D.)

### 5. APPLICATION STATUS

(Select only one)

First-time PCCE candidate

Repeat PCCE 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

American Indian/Native American

Asian, Asian American

African American/Black

Hispanic, Hispanic American

Caucasian/White

Other \_\_\_\_\_

#### Age Range

Under 25

25-29

30-34

35-39

40 and above

#### Gender

Male

Female

## 7. MEMBERSHIP

Are you a member of NFPA or one of its member associations?

Yes

Member association (if applicable): \_\_\_\_\_

No

How did you hear about NFPA and PCCE? \_\_\_\_\_

## 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

The examination fee for PCCE is \$215 NFPA members; \$250 non-NFPA members; the examination fee **must** be included with your application submission. Additionally all applications must include a \$25 application fee. The examination fee and application processing fee may be combined in a single check or money order.

Payment may be made by business or personal check, money order, VISA, MasterCard, or American Express. Checks and money orders should be made payable to NFPA - PCCE.

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 - PCCE

Money order or certified check payable to NFPA - PCCE

Credit card (Visa, MasterCard, or American Express accepted)

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**16-digit credit card number**

**Expiration Date (Month/Yr)**

**CSV #**

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**Signature**

**Date**

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)

Notarized copies of diplomas enclosed

Official transcripts enclosed

Letter of Reference is enclosed

Letter(s) of Employment Verification is/are enclosed

## 12. NOTICE OF PASSING PCCE

For candidates successfully passing PCCE, NFPA, or any of its agents or assigns, reserves the right to release limited information as to the name, city, state and association affiliation of the candidate unless written notification to the contrary is provided to NFPA Headquarters.

### 13. ACKNOWLEDGMENT STATEMENTS

#### Exam Impropriety Clause

I apply to sit for PCCE. I understand that successful completion of PCCE 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 PCCE credential awarded on the basis of the information I provide.

I understand and acknowledge that PCCE and its contents are highly confidential and proprietary to NFPA and PCCE. 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.

By submitting this application, I certify that I have not been convicted of a felony. (or comparable crime as defined by a 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 submitting this acknowledgment, I am giving full authority to the Certification Standards Committee, NFPA, 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.

Furthermore, I understand that the score I receive immediately upon completion of the exam is an unofficial, preliminary score. I understand that use of the trademarked credential (e.g. Jane Doe, CRP® or Jane Doe, CORE Registered Paralegal®) before it is officially bestowed is prohibited.

**Applicant's Signature**

**Date**

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# PCCE Affidavit of Education and Work Experience Form

## Page 1 of 2

**This form must be completed and submitted with the Application Form.** Complete both pages. 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:** (Notarized copy of diploma(s) and official transcripts must be attached – do not send transcripts separately.)

A. Institution: \_\_\_\_\_

Major: \_\_\_\_\_

Degree/diploma obtained: \_\_\_\_\_

Date of degree/diploma: \_\_\_\_\_

Major: \_\_\_\_\_

B. Institution: \_\_\_\_\_

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. Attach extra pages as needed):

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

- 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. Attach extra pages as needed):

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

● 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. Attach extra pages as needed):

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

● 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 \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

My Commission No.: \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the state of \_\_\_\_\_



## PCCE Candidate Application Checklist

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! Your application package must include the following items:**

1. The completed PCCE Application (pages 2-6)
2. The completed and notarized PCCE Affidavit of Education and Work Experience Form (pages 7-8)  
Please affix all education and work experience documentation to the Affidavit.
3. A notarized copy of your diploma (notarization must be original)  
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 a copy of the evaluation of equivalency previously requested from the Certification Standards Committee.
4. A notarized copy of your paralegal certificate or an official transcript  
Transcripts do not need to be in a sealed envelope, but they must be originals. If a paralegal certificate was obtained outside the United States, provide a copy of the evaluation of equivalency previously requested from the Certification Standards Committee.
5. The \$25 application processing fee and the appropriate examination fee  
If you are resubmitting an application, which was returned to you for insufficient documentation, you will need to include an additional \$25 application reprocessing fee.

Please keep a photocopy of your PCCE application package for your records.