



NFPA-The Leader of the Paralegal Profession™

NFPA CONTINUING LEGAL EDUCATION AFFIDAVIT OF PRO BONO SERVICE

Association Name:

Paralegal's Name:

Address

City, State

Zip

Phone:

E-mail:

Pro Bono Services performed (Specific program and/or services performed by the paralegal:

Signature of person certifying services

Date

Printed Name

Title of person signing

Name of pro bono program/agency/firm

Address

City, State

Zip

Phone Number

This Affidavit should be submitted along with your CLE approval documentation.