

Notarized Affidavit of Education and Work Experience Form Page 1 of 2

This form must be completed, notarized, and submitted with your PCCE or PACE application. 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: _____

B. Institution: _____ Major: _____

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: _____)

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: _____)

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 _____



National Federation of Paralegal Associations, Inc.
Phone: 317-454-8312
www.paralegals.org