

LOUISIANA CERTIFIED PARALEGAL EXAMINATION APPLICATION FORM

To ensure complete confidentiality to all Applicants, the administration of the LCP application process and review and record-keeping of continuing legal education credits are administered under a contract between the Louisiana State Paralegal Association and the National Association of Legal Assistants, Inc. in accordance with regulations adopted by the LSPA Certifying Board. **Applications should be mailed to:**

Louisiana State Paralegal Association
Administrator, Louisiana Certified Paralegal Examination
P. O. Box 51690
Lafayette, LA 70505

GENERAL INFORMATION
MUST BE COMPLETED BY ALL APPLICANTS AND NOTORIZED

Last Name _____ First Name _____ Middle Initial _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Check Preferred Mailing Address _____ Home _____ Work _____
Employer's Name _____
Address _____
City _____ State _____ Zip _____
Office Phone _____ Fax Number _____
Years of Paralegal Experience _____ Total Years of Legal Experience _____
Examination Date _____ Social Security Number _____
Amount Paid _____ Check No. _____ Master Card _____ Visa _____
Credit Card Number _____ Expiration Date _____ / _____
Name As It Appears on Card _____
_____ LSPA Member _____ Non-LSPA Member
Preferred Testing City: _____

Note: The Louisiana Certified Paralegal examination is administered in compliance with the requirements of the Americans with Disabilities Act. Any special requests must accompany this application form.

SUBSTANTIVE LAW SECTION
APPLICANTS MUST SELECT FOUR AREAS

This section of the examination consists of one section covering four topics selected by each examinee. Indicate which four (4) topics of the eight listed below you wish to comprise your substantive law section of the examination:

_____ Business Organizations	_____ Family Law
_____ Contracts/Obligations	_____ Property
_____ Criminal Law and Procedure	_____ Torts
_____ Evidence	_____ Wills/Probates/Successions/Trusts

QUALIFICATIONS

Candidates for certification must be a CP/CLA in good standing with NALA at the time of filing this application form. Individuals currently serving a prison term are ineligible to sit for the LCP certifying examination.

Applications must be received by the application deadlines as posted on LSPA's website: la-paralegals.org/. All applications must be accompanied by a certified check or money order (or contain the appropriate credit card authorization) in the amount of \$175.00 for LSPA members and \$195.00 for Non-LSPA members. All checks should be made payable to the **Louisiana State Paralegal Association**. Applications mailed less than ten working days after the deadline must be accompanied by a nonrefundable \$45.00 late fee. Applications mailed after the ten working day allowance will not be accepted. Applications are not accepted by fax transmission.

FEES: \$175.00 LSPA Members \$195.00 Non-LSPA Members

If applicant must withdraw due to illness up to ten working days prior to the test date, or the application is incomplete or rejected, payment will be refunded less a \$25.00 processing fee (and less late fee if applicable). Requests for withdrawals postmarked within ten or fewer working days before the test date will be subject to a \$75.00 processing fee. Applicants who do not appear at the testing center due to emergency must contact the proctor and chairperson of the LCP Certifying Board on the day of the examination and within five days after the examination must submit to the chairperson of the LCP Certifying Board a letter stating reasons for not appearing in order to be eligible for a partial refund (examination fee less \$75.00 processing fee and late fee, if applicable.)

*Contributions or gifts to LSPA are not deductible as charitable contributions for federal income tax purposes; however, payments may qualify as ordinary and necessary business expense.

APPLICATION CONTINUES ON NEXT PAGE

APPLICANT ATTESTATION
MUST BE SIGNED BY ALL APPLICANTS AND NOTARIZED

I hereby declare that the information set forth in my application is complete and truthful. I further pledge not to divulge the contents of any examination questions for certification as a Louisiana Certified Paralegal by the Louisiana State Paralegal Association, Inc. (the "Examination Questions"), and agree to be bound by the Code of Ethics of the Louisiana State Paralegal Association and the and Professional Responsibility of the National Association of Legal Assistants, Inc. Inasmuch as it is impracticable and extremely difficult to determine the actual damages resulting to the Louisiana State Paralegal Association, Inc. should I divulge the contents of any Examination Questions, I agree to pay to Louisiana State Paralegal Association, Inc., as liquidated damages and not as a penalty, the sum of \$500.00 for each breach of my agreement not to divulge the contents of any Examination Questions. I further understand that the LCP designation may be suspended or revoked and that I may be prohibited from taking any further LSPA examinations, including but not limited to, any specialty exams or retaking the general certification examination for the following reasons:

1. Falsification of information on application form;
2. Subsequent conviction of the unauthorized practice of law;
3. Failure to meet continuing legal education requirements as required by the Certifying Board;
4. Divulging the contents of any Examination Question;
5. Subsequent conviction of a felony;
6. Violation of the Code of Ethics of the Louisiana State Paralegal Association and/or the Code of Ethics and Professional Responsibility of the National Association of Legal Assistants, Inc.;
7. Representing myself as a Louisiana Certified Paralegal prior to receiving my LCP designation;
8. Revocation of my CP designation by NALA.

With full knowledge of the above requirements and agreement to be bound by any decision of the Certifying Board of the Louisiana State Paralegal Association, Inc. with respect to examinations or designations, I submit this application.

Signature _____ Witness _____

Print Name _____ Witness _____

STATE OF LOUISIANA
PARISH OF _____

SIGNED AND SWORN before me, the undersigned Notary Public, on this _____ day of _____ 20_____

Notary Public
My commission expires at death