

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:**

National Association of Legal Assistants, Inc.
Administrator, Louisiana Certified Paralegal Examination
1516 South Boston, Suite 200
Tulsa, Oklahoma 74119
(918) 587 -6828
FAX: (918) 582-6772

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: _____ Alexandria _____ Baton Rouge

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

QUALIFICATIONS

Candidates for certification must meet one of the requirements outlined in Categories 1, 2 or 3 on the following pages, or be a CLA, at the time of filing this application form. Select the appropriate category based on your experience and training, and complete all information required for the category. Individuals currently serving a prison term are ineligible to sit for the LCP certifying examination.

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Applications must be received by the application deadlines. 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 National Association of Legal Assistants, Inc. 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 transmitted by FAX must be received on the deadline date in order to avoid a late charge.

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 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 call NALA Headquarters on the day of the examination and within 5 days after the examination must submit to NALA Headquarters 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.

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 the 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 CLA designation;
8. Revocation of my CLA 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

COMPLETE THIS SECTION IF YOU ARE CURRENTLY A CLA

Applicants who qualify under this section, need not complete any other qualifying section or furnish any additional documentation other than the Attestation required of all Applicants. I am currently a Certified Legal Assistant in good standing. I received my CLA in _____ (year). My now current certification expires _____(month) _____(year).

I acknowledge that I have been informed that suspension or revocation of my CLA designation by the National Association of Legal Assistants will also affect revocation of my LCP credential.

Applicants Signature _____

COMPLETE THIS SECTION IF APPLYING UNDER CATEGORY 1

If you are applying under Category 1, please check the appropriate box below. A copy of the official school transcript showing courses taken and date of graduation must be attached to this application for Categories 1(a) through 1(e).

You must have graduated from one of the following paralegal programs that is:

- a. Approved by the American Bar Association; or
- b. An associate degree program; or
- c. A post-baccalaureate certificate program in paralegal studies; or
(In addition to your transcript, please attach to this application a course catalog or letter attesting this is a post-baccalaureate certificate program -that a bachelor's degree is necessary for course admission -along with a transcript showing completed coursework.)
- d. A bachelor's degree program in paralegal studies; or
- e. A paralegal program which consists of a minimum of 60 semester (or equivalent quarter hours)* of which at least 15 semester hours (or equivalent quarter hours)** are substantive legal courses.

(Attach to this application a transcript which shows the semester, quarter or clock hours necessary to meet this qualification. If this is not shown on the transcript, a letter from the school registrar or program director will be necessary. The application will be incomplete without this information.)

*900 clock hours of a paralegal program will be considered equivalent to 60 semester hours. 90 quarter hours of a paralegal program will be considered equivalent to 60 semester hours.

**225 clock hours of substantive legal courses will be considered equivalent to 15 semester hours.

22 ½ quarter hours of legal courses will be considered equivalent to 15 semester hours.

The application form will be considered incomplete without a copy of the school's official transcript, and the post-baccalaureate statement if applying under Category 1 (c).

REQUIRED OF ALL CATEGORY 1 APPLICANTS
Attention of Attorney or Paralegal Program Instructor

I hereby attest that the above named applicant for certification as a Louisiana Certified Paralegal by the Louisiana State Paralegal Association, Inc. possesses good moral character, is aware of the ethical limitations of the profession and has professional conduct above reproach, and recommend the applicant as a candidate for certification as a paralegal.

Attorney/Instructor Signature _____ Firm/School _____

Print Name _____ Address _____

State Bar No. _____ City/State _____

Year Admitted to Bar _____ Today's Date _____

COMPLETE THIS SECTION IF APPLYING UNDER CATEGORY 2

If you are applying under Category 2, you must have a bachelor's degree in any field plus one (1) year's experience as a paralegal. Successful completion of at least 15 semester hours (or 22 % quarter hours or 225 clock hours) of substantive paralegal courses is equivalent to the one year experience requirement.

All applicants under Category 2 must submit with this application form a copy of the school's official transcript showing receipt of a bachelor's degree and date of completion. Those applying under the provision allowing for additional course work in lieu of the one year's work experience, must submit with this application an official school transcript showing completed course work.

The application form will be considered incomplete without a copy of the school's official transcript, along with either verification of experience or official school transcript showing equivalent courses in lieu of experience.

Educational Institutions:

Bachelor's Degree _____ / _____ / _____
Institution City State

Paralegal Program _____ / _____ / _____
Institution City State

Employment History: (Must cover a period of one year if submitting experience in lieu of paralegal course work. Attach an additional sheet if necessary.)

Attorney / Employer _____

Dates of Employment: From _____ to _____

Attorney / Employer _____

Dates of Employment: From _____ to _____

REQUIRED OF ALL CATEGORY 2 APPLICANTS

Attestation of Attorney or Paralegal Program Instructor

Attestation must cover a minimum period of one year if submitting experience in lieu of paralegal coursework. Attach additional attestations, if necessary.

1. I hereby attest that the above-named applicant for certification as a Louisiana Certified Paralegal by the Louisiana State Paralegal Association, Inc. possesses good moral character, is aware of the ethical limitations of the profession and has professional conduct above reproach and recommend the applicant as a candidate for certification as a Louisiana Certified Paralegal.
2. I further attest that the above-named applicant for certification as a Louisiana Certified Paralegal has been employed by me for _____ (years / months) in accordance with the eligibility requirements for this examination.

(Paragraph #2 of this attestation is not required if course work is submitted in lieu of experience.)

Attorney/Instructor Signature _____ Firm/School _____

Print Name _____ Address _____

State Bar No. _____ City/State _____

Year Admitted to Bar _____ Today's Date _____

COMPLETE THIS SECTION IF APPLYING UNDER CATEGORY 3

If you are applying under Category 3, you must have a high school diploma, or equivalent, plus seven years' experience as a paralegal- plus a minimum of twenty (20) hours of continuing legal education completed within a two-year period prior to application for the examination.

Evidence of continuing education credit is documented by the attorney/employer attestation that must be signed to complete this application form. No further documentation is required.

***Within this category "paralegal" is defined as: A legal assistant or paralegal is a person qualified by education, training or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity who performs specifically delegated substantive legal work for which a lawyer is responsible.*

Employment History: (Must cover a period of seven (7) years. Attach an additional sheet, if necessary.)

Attorney / Employer _____

Dates of Employment: From _____ to _____

Attorney / Employer _____

Dates of Employment: From _____ to _____

Attorney / Employer _____

Dates of Employment: From _____ to _____

Attorney / Employer _____

Dates of Employment: From _____ to _____

REQUIRED OF ALL CATEGORY 3 APPLICANTS
Attestation of Attorney

Attestation must cover a minimum period of seven (7) years. If attestation from current employer does not cover required period, attach additional attestations from previous employers.

1. I hereby attest that the above-named applicant for certification as a Louisiana Certified Paralegal by the Louisiana State Paralegal Association, Inc., possesses good moral character, is aware of the ethical limitations of the profession and has professional conduct above reproach and recommend the applicant as a candidate for certification as a Louisiana Certified Paralegal.
2. I further attest that the above-named applicant for certification as a Louisiana Certified Paralegal has been employed by me for (years/months) in accordance with the eligibility requirements for this examination.
3. I further attest that the above-named applicant for certification as a Louisiana Certified Paralegal has completed a minimum of twenty (20) hours of continuing education in accordance with the eligibility requirements.

Attorney/Instructor Signature _____ Firm/School _____

Print Name _____ Address _____

State Bar No. _____ City/State _____

Year Admitted to Bar _____ Today's Date _____

APPLICANT ATTESTATION REQUIRED OF APPLICANTS UNDER
CATEGORIES 1, 2 OR 3

I hereby state that as of the date of this Application I have not attained the CLA designation, and further indicate by signing this Attestation that I have been informed and understand that successful completion of the LCP examination represents only one-half of a two-step process required to earn the LCP designation.

By signing this Attestation I agree I will not represent myself to anyone, or any entity, under any circumstances, as a Louisiana Certified Paralegal until I have taken the CLA examination and have been informed by the National Association of Legal Assistants, Inc. that I have passed the Certified Legal Assistant Examination.

It is my further understanding that in order to be entitled to use the Louisiana Certified Paralegal designation, I must pass the Certified Legal Assistant examination within three (3) years from the date of notification of having passed the Louisiana Certified Paralegal Examination.

I agree that use of the LCP designation by me prior to attaining the Certified Legal Assistant designation will cause forfeiture of my right to be granted use, at any future time, of the Louisiana Certified Paralegal designation.

I acknowledge that I have been informed that suspension or revocation, for any reason, of my CLA designation by the National Association of Legal Assistants will also effect revocation of my LCP designation.

With full knowledge of the above requirements and agreement to be bound by any decisions of the Certifying Board of the Louisiana State Paralegal Association, Inc. and/or the National Association of Legal Assistants, Inc. with respect to examinations designations, I submit this Application and evidence my agreement and compliance, with the stated requirements.

Signature _____

Print Name _____

Witness

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
(Affix Seal)