



## **New York State Certified Paralegal Renewal Application**

### **Instructions:**

Please read all instructions carefully before completing the application.

1. Application must be complete and include all appropriate verification information to be considered by the Certification Committee. Submit application and documentation via the ESAPA website or by email to [ESAPA.CertificationChair@gmail.com](mailto:ESAPA.CertificationChair@gmail.com).
2. Be sure to complete the verification form included at the end of the application and it must be notarized.
3. Payment must be received before application will be processed. Checks should be made payable to:  
**Empire State Alliance of Paralegal Associations**  
**P.O. Box 14262, Albany, NY 12212-4262.**

Renewal Application fee:      \$30 member      \$50 non-member

### **Personal Information:**

Must provide complete addresses including city, state and zip code.

Name: \_\_\_\_\_

Other/prior name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_       Work       Personal

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Member of New York State paralegal association:  yes  no

Association: \_\_\_\_\_



