



New York State Certified Paralegal Application

Please check one of the following:
 Initial Application
 Application for Reinstatement

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 email to 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.

Current Fee Schedule: Initial/Reinstatement Application: \$50 member \$75 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: _____

Are you 18 years of age or older? yes no

Qualifying Criteria:

Indicate the criteria by which you seek certification (please select only one).

- Have successfully passed the Paralegal Advanced Competency Exam (PACE®) by the National Federation of Paralegal Associations, Inc. **OR** the NALA Certified Paralegal Exam by the National Association of Legal Assistants now known as NALA – The Paralegal Association and such certification ***must*** be current.
- Associate's degree in paralegal studies from an institutionally accredited school; and six (6) years substantive paralegal experience.
- Associate's degree in any subject from an institutionally accredited school and a Certificate from a Paralegal Program; and six (6) years substantive paralegal experience.
- Associate's degree in any subject from an institutionally accredited school; and ten (10) years substantive paralegal experience.
- Bachelor's degree in paralegal studies from an institutionally accredited school and three (3) years substantive paralegal experience.
- Bachelor's degree in any subject from an institutionally accredited school and a Certificate from a Paralegal Program; and three (3) years substantive paralegal experience.
- Bachelor's degree in any subject from an institutionally accredited school and six (6) years of substantive paralegal experience.
- A member of the active duty, retired, former military, or the reserve component of any branch of the US Armed Forces, qualified in a military operation specialty with the rank of at least an E6 in a paralegal rate as a Staff Sergeant (Army and Marines), Petty Officer First Class (Navy), Technical Sergeant (Air Force), or higher as a supervisory paralegal within that branch of service and 12 hours of continuing legal education ("CLE"), including 1 CLE hour of ethics, within 2 years preceding the Application.
- Prior to January 1, 2023, the applicant has received a high school diploma or its equivalent, and has a minimum of 12 years of substantive paralegal experience.

Documents Required (must be submitted with application):

If you are a PACE Registered Paralegal or a NALA Certified Paralegal you ***must*** include a copy of your current certification document (i.e., copy of Certificate *[if within initial approval period]* or current renewal confirmation letter/e-mail). You need not provide education or work experience documentation.

For education proof you ***must*** include a copy of any degree earned. A PDF copy of diploma and/or transcript is acceptable.

For work experience you ***must*** include a completed Attorney Affirmation (form provided) attesting to your substantive paralegal work experience. Multiple affirmations may be required to encompass your years of experience.

For military service, you ***must*** include a copy of verification of military service (*Form DD-214 or equivalent from appropriate Armed Forces Official on agency letterhead confirming applicant has met the qualifications set forth above*) and CLE Certificates.

For reinstatement, you *must* provide proof of your NYSCP approval certificate in lieu of supporting documentation related to education requirements, Attorney Affirmation, if applicable (see Qualifying Criteria above), and completion of the CLE Summary along with copies of your CLE Certificates.

Grounds for Ineligibility:

If you answer yes to any of the below, please provide an explanation on a separate sheet of paper.

Have you ever been suspended or disbarred or resigned in lieu of discipline from the practice of law in any state or jurisdiction? Yes No

Have you ever been convicted of a felony in any state or jurisdiction? Yes No

Have you ever been found to have engaged in the unauthorized practice of law in any state or jurisdiction? Yes No

Have you ever had a registration or license to practice any profession issued by a governmental entity or professional organization terminated or revoked for disciplinary reasons by a professional organization, court, disciplinary board, or agency in any jurisdiction? Yes No

Verification:

By submitting this application, I understand that the fee is non-refundable regardless of the outcome of my application review. I also understand my payment will be processed at the time of submitting this application. If approved, I understand that it is my responsibility to ensure that ESAPA has my current email address and that I am responsible to be aware of the time frame to attain CLE credits and submit my renewal application.

If my application is approved, I consent to have my name listed on ESAPA social media sites as a New York State Certified Paralegal unless I opt out by checking here.

The information provided herein is true to the best of my knowledge and the documents provided herewith are true and accurate copies of the originals.

Signature of Applicant

STATE OF NEW YORK)
COUNTY OF _____) ss.:

On the ___ day of _____, 20___, before me, the undersigned, personally appeared _____ (**Applicant**) known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

FOR REINSTATEMENT APPLICATION ONLY

Name: _____

CLE Credit Summary

Reporting period: _____ through _____ (Two years prior to Reinstatement Application)
 mm/dd/yy mm/dd/yy

Date	Course Description	Sponsor Name	Credits	
			Practice/Skills	Ethics
TOTALS				

Credits required: 12 including 1 in ethics