



New York State Certified Paralegal INITIAL or REINSTATEMENT 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 qualification, verification, and CLE information (if applicable), along with Attorney Affirmation(s) to be considered by the Certification Committee. Please do not mail applications.
→ Submit application and documentation via email to ESAPA.CertificationChair@gmail.com.
2. Be sure to complete the **Verification** on page 3 of the application which must be notarized.
3. Application will not be processed until **payment** is received. Checks should be made payable to:
Empire State Alliance of Paralegal Associations
P.O. Box 14262
Albany, NY 12212-4262

Application Fee:

(Initial / Reinstatement)

☐ \$50 (member of sponsoring association*)

☐ \$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

Email Address: _____ ☐ Work ☐ Personal

Employer: _____

Employer Address: _____

Are you 18 years of age or older? ☐ yes ☐ no

* Do you have membership in one of ESAPA's member associations? ☐ yes ☐ no

If yes, local paralegal association _____

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. (NFPA) **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 degree *in paralegal studies* from an institutionally accredited school; **and** six (6) years substantive paralegal experience.
- ☐ Associate degree *in any subject* from an institutionally accredited school **and** a Certificate from a Paralegal Program; **and** six (6) years substantive paralegal experience.
- ☐ Associate 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):

- For a **PACE Registered Paralegal** or a **NALA Certified Paralegal** you must include a copy of your current certification document (copy of Certificate *[if within initial approval period]* or current renewal confirmation letter/e-mail). Education or work experience documentation is not required.
- 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 (download separate form) attesting to your substantive paralegal work experience. *Multiple affirmations* may be required to encompass your required 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 completed CLE Summary (pg 4) with copies of your CLE Certificates.
- For **reinstatement**, you must provide proof of your prior NYSCP® approval certificate in lieu of supporting documentation related to education requirements, Attorney Affirmation(s), if applicable (see Qualifying Criteria above), and completed CLE Summary (pg 4) 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
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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

(not for NEW / INITIAL Application)

Applicant Name: _____

(Two year period prior to date of Reinstatement or Military Application)

CLE Credits Earned

TOTAL CREDITS →