| PID Number: | Renewal Due: |
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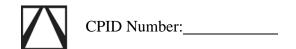
The North Carolina State Bar Board of Paralegal Certification Application for Paralegal Recertification

| I. PERSONAL INFORMATION | | | | | |
|--|----------------|------|--------------------|--|--|
| Full name: | | | | | |
| Mailing address: | | | | | |
| (Choose one) Are you <u>working</u> as an independent or freelance paralegal: Yes No (i.e., working as a paralegal but not employed by a law firm, government entity, or legal department) (Currently unemployed = (No)) | | | | | |
| Contact numbers (Office): | (Fax): | | | | |
| (Home): | (Cell): | | | | |
| E-Mail address: | | | | | |
| II. CONTINUING EDUCATION | | | | | |
| List all continuing education programs completed in the preceding 12 months that satisfy the requirement under Rule .0120. If the course was a full-day seminar, please list the name of the seminar, not the individual sections. *** YOU MUST INCLUDE CERTIFICATES OF ATTENDANCE WITH YOUR APPLICATION*** (Place an "X" in the first column below to indicate that the certificate is enclosed.) | | | | | |
| Cert Course Title | Course Sponsor | Date | CLE/CPE Credits | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| III. CONDUCT | | | | | |

(Circle one) Is your certification or license as a paralegal in any state under suspension or revocation: Yes $\,$ No $\,$

List any pending criminal charge or criminal conviction (not traffic infractions) you have received in the past 18 months. (If conviction was under a different name, list that name) (Attach additional sheets if necessary)

| Type of Conviction | Jurisdiction | Date | Name (if different from above) |
|--------------------|--------------|------|--------------------------------|
| | | | |
| | | | |



IV. VERIFICATION

- I consent to a confidential inquiry of third parties by the board for the purpose of determining whether I continue to fulfill the requirements for certification.
- I understand the period of recertification is one (1) year. If I desire to continue my certification thereafter, I must comply with the standards regarding continued certification as a paralegal.
- I understand that if this application is not complete or is incorrect, it will be returned to me, and a late fee will apply to its resubmission if it is received more than 45 days after the due date.
- I have retained a copy of this application and all attachments for my records.
- I am enclosing my <u>check for \$50.00 as the recertification fee</u> made payable to The North Carolina State Bar Board of Paralegal Certification. I understand this fee is nonrefundable regardless of the disposition of my application.
- I am signing this application in the presence of a notary. (Dates of signature and notarization must be the same.)

| I,application is true, complete and correct. | , solemnly swear or affirm under p | penalty of perjury that the information in this |
|---|------------------------------------|---|
| This the day of | , | 20 |
| Full Name | _ | |
| Signature: | | |
| NOTARY OATH ¹ Please note that the applicant must personal presence. State of | | ust sign this application in the notary's |
| Sworn to (or affirmed) and subscribed beforthisday of | ore me | (Official Seal or Stamp) |
| Signature of Notary Public: | | - |
| Printed Name of Notary Public: | | - |
| My Commission Expires | , 20 | - |

RETURN TO: Director, The North Carolina State Bar Board of Paralegal Certification, PO Box 25908, Raleigh, NC 27611

¹ N.C.G.S. § 10B-35. Official signature.

When notarizing a paper record, a notary shall sign by hand in ink on the notarial certificate. The notary shall comply with the requirements of G.S. 10B-20(b)(1) and (b)(2). The notary shall affix the official signature only after the notarial act is performed. The notary shall not sign a paper record using the facsimile stamp or an electronic or other printing method. (2005-391, s. 4; 2006-59, s. 15.)