



CPID Number: _____ Renewal Due: _____

CP00000

**The North Carolina State Bar
Board of Paralegal Certification
Application for Paralegal Recertification**

I. PERSONAL INFORMATION

Full name: _____

Mailing address: _____

(Choose one) Are you working 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)



CPID Number: _____

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 **check for \$50.00 as the recertification fee** 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, _____, solemnly swear or affirm under penalty of perjury that the information in this application is true, complete and correct.

This the _____ day of _____, 20_____.

Full Name

Signature: _____

NOTARY OATH¹

Please note that the applicant must personally appear before the notary and must sign this application in the notary's presence.

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me
this ____ day of _____, 20_____

(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.)