



CPID Number: _____

Renewal Due: _____

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

I. PERSONAL INFORMATION

Full name: _____

Mailing address: _____

(Check one) Are you working as an independent or freelance paralegal: Yes or No
(i.e., working as a paralegal but not employed by a law firm, government entity, or legal department) (Currently unemployed = No)

Contact numbers (Home): _____ (Cell): _____

(Office): _____ (Fax): _____

E-Mail address: _____

(please use your personal email 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*****

Course Title	Course Sponsor	Date	CLE/CPE Credits

III. CONDUCT

(Check one) Is your certification or license as a paralegal in any state under suspension or revocation:

Yes or 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)



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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 renewal 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 am enclosing my **check for \$50 as the renewal 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, _____, 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: _____

Please mail your completed application to:

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