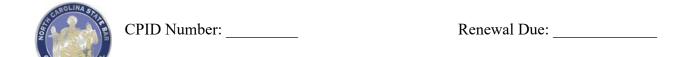


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The North Carolina State Bar Board of Paralegal Certification <u>Application for Paralegal Renewal</u>

Full name:				
Mailing address:				
		elance paralegal: □Yes or □No government entity, or legal department)		$oyed = (\underline{No}))$
Contact numbers (Home):		(Cell):		
(Office):		(Fax):		
E-Mail address:				
(please use you	r personal email a	(ddress)		
II. CONTINUING EDUCATION				
If the course was a ful *** YOU MUST INCLU		e list the name of the seminar, not th		
				CLE/CPF
Course Tit		Course Sponsor	Date	
				CLE/CPI
				CLE/CPF
				CLE/CPI
				CLE/CPF
Course Tit				CLE/CPF
				CLE/CPI
Course Tit	le		Date	CLE/CPI Credits
Course Tit	or criminal conviction	Course Sponsor	Date on or revocation:	CLE/CPI Credits



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 <u>check for \$50 as the renewal 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,application is true, co	, solemnly swear or affirm under penalty of perjury that the information in this emplete and correct.
This the	day of
Full Name:	
Signature:	
Please mail your con	application to:

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