Application for Designation as a Qualified Paralegal Studies Program

Name of Program: ____________________________________________________________

URL: ______________________________________________________________________

Name of Contact Person: _____________________________________________________

Title of Contact Person: _____________________________________________________

Address: ___________________________________________________________________

Telephone Number: ______________________ Fax Number: _______________________

E-mail address: ______________________________________________________________________

Is the program an institutional member of the Southern Association of Colleges and Schools (SACS) or other national or regional accrediting agency recognized by the United States Department of Education? Yes / No

If so, please identify the national or regional accrediting agency and the initial date of membership:
____________________________________________________________________________

Is the program ABA-approved? Yes / No  Date approved: _________________

If so, please sign here to verify and return the form: ______________________________

If not, please complete the rest of this form.

Is the program an institutional member of the American Association for Paralegal Education (AAfPE)? Yes / No  Initial date of membership: _________________

Please attach the course catalog for your program and the syllabi for your legal specialty courses. Additional information may be requested.

Failure to adequately complete or clarify the information required on this application may delay review and approval time. Applications are reviewed by the board on a quarterly basis in February, May, August, and November each year.

Warren C. Hodges, Chair
Bryan G. Scott, Vice-Chair
Lakisha A. Chichester, Sarah H. Kaufman, S.M. Kernodle-Hodges, H. Russell Neighbors, Benita A. Powell, Matthew W. Smith, Yolanda N. Smith, Joy C. Belk, Managing Director
Brian Oten, Director
Qualified Program Checklist
Please indicate in the spaces provided below the page number(s) on which the following information can be found in the program materials you are providing with this application. Failure to provide this information may delay review and approval time.

NOTE: A “clock hour” equals sixty minutes of classroom instruction, a “contact hour” equals fifty minutes of classroom instruction, a “semester credit” equals 12.5 clock hours or fifteen contact hours of instruction, and a “quarter credit” or a “continuing education unit” equals 8.33 clock hours or ten contact hours of instruction.

Programs must meet the minimum hour requirements for the units of instruction used by the program as indicated in the chart below.

<table>
<thead>
<tr>
<th></th>
<th>General Education Course Work</th>
<th>Legal Specialty Course Work</th>
<th>Additional Course Work</th>
<th>Total Course Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clock hours</td>
<td>225</td>
<td>225</td>
<td>300</td>
<td>750</td>
</tr>
<tr>
<td>Contact hours</td>
<td>270</td>
<td>270</td>
<td>360</td>
<td>900</td>
</tr>
<tr>
<td>Semester Credits</td>
<td>18</td>
<td>18</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td>Quarter Credits</td>
<td>27</td>
<td>27</td>
<td>36</td>
<td>90</td>
</tr>
<tr>
<td>Continuing education units</td>
<td>27</td>
<td>27</td>
<td>36</td>
<td>90</td>
</tr>
</tbody>
</table>

Degree(s) Offered:

_____ Associate’s Degree   Date this degree was initially offered: ______________________

This option requires at least 60 semester credit hours, or the equivalent, of general education courses and legal specialty courses. Of the 60 semester credit hours, at least 18 semester credit hours (270 contact hours), or the equivalent, must be legal specialty courses.

Total number of semester credit/contact hours for Associate’s Degree: ______________________
Page(s) ______________________

_____ Bachelor’s Degree   Date this degree was initially offered: ______________________

This option requires at least 60 semester credit hours, or the equivalent, of general education courses and legal specialty courses. Of the 60 semester credit hours, at least 18 semester credit hours (270 contact hours), or the equivalent, must be legal specialty courses.

Total number of semester credit/contact hours for Bachelor’s Degree: ______________________
Page(s) ______________________

_____ Certificate Program   Date this degree was initially offered: ______________________
North Carolina State Bar Board of Paralegal Certification

Students must already have either an Associate’s Degree or a Bachelor’s Degree which was composed of at least 60 semester credit hours, or the equivalent, of general education courses and the Certificate Program must consist of at least 18 semester credit hours (270 contact hours), or the equivalent, of legal specialty courses.

Total number of semester credit/contact hours for Certificate Program: ___________________

Legal Specialty Courses:

For all of the following questions, indicate whether (and when) the answers have changed since the date(s) the degree(s) or certifications noted above were initially offered.

Do all of your legal specialty courses cover substantive law or legal procedures and process developed for paralegals and emphasizing practical paralegal skills? Yes / No

Do you offer a course in Legal Research and Writing, including electronic resources, that consists of at least 1 semester credit hour or 15 contact hours? Yes / No

Do you offer a course in Ethics and Professional Responsibility that consists of at least 1 semester credit hour or 15 contact hours? Yes / No

Are students required to take at least 9 semester credits or 150 contact hours, or the equivalent, in traditional classroom instruction? Yes / No

**Please note that programs that can be completed entirely online cannot be qualified at this time.**

If some of the legal specialty courses are taught in an alternative format (such as real-time, simultaneous broadcast via satellite or webinar), are your instructors available for feedback and can you identify students submitting homework and taking examinations? Yes / No

As the person responsible for the paralegal program above, I verify that the information contained in this application is true and complete.

________________________________________  _________________________
Signature                                      Date

Title: ______________________________________