Request for CLE Credit for Legal Course Work

(All courses work must be completed at an ABA-accredited law school or paralegal program or voting institutional member of American Association for Paralegal Education)

Complete (print or type) this form and sign before mailing to American Alliance of Paralegals, Inc., Attn: Director of Education, 4001 Kennett Pike, Suite 134-146, Wilmington, Delaware 19807-2000, along with proof of completion of the course.

(Please use one form to request all course work per semester)

_____

First Name Middle Name Last Name

_____

Address

_____

City State Zip Code

_____

Daytime telephone number (area code, number, extension):

Work E-mail:_____ Home E-mail:_____

School Name: _____

School Address: _____

City

_____

State Zip Code Telephone (including area code)

Enrolled for: Degree _____ Audit _____

Semester Dates Taught (e.g. 1/5/00-5/15/00 – Winter, Spring, Summer, Fall):

_____

List all courses attended and number of semester hours:

Course Title	Semester Hours	General	Ethics	Professionalism

Date: _____ Signature: _____

AAPI OFFICE USE ONLY

General: _____ Ethics: _____ Professionalism: _____