



## AMERICAN ALLIANCE OF PARALEGALS APPLICATION FOR CERTIFICATION (AACP)

Print your name and address clearly in the spaces below.

### NAME AND ADDRESS OF APPLICANT (PRINT)

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### SUBMIT TO:

American Alliance  
Director of Education  
4023 Kennett Pike  
Suite 146  
Wilmington, DE 19807-2018

Date rec'd \_\_\_\_\_  
By \_\_\_\_\_

### SUBMIT WITH APPLICATION –

- A certified copy of your official transcript(s) from the educational institution(s) you have referenced on this application.
- Evidence that the paralegal educational institution(s) is ABA approved or a voting institutional member of the American Association for Paralegal Education (“AAfPE”). This evidence may be obtained directly from your school or by going to the ABA or AAfPE website.
- An affidavit or declaration (on company or law firm letterhead) from an attorney-at-law attesting to your substantive paralegal work experience.
- A check or money order in the amount of \$75.00 made payable to: American Alliance of Paralegals Inc. Attention: Director of Education, 4023 Kennett Pike, Suite 146, Wilmington, DE 19807-2018.

\_\_\_\_ Check/money order # \_\_\_\_\_ payable to “American Alliance of Paralegals Inc.”

### IT IS YOUR RESPONSIBILITY TO SUBMIT ALL THE REQUIRED DOCUMENTS AND FEES.

Because of the large volume of applications received, the Certification Commission is unable to acknowledge receipt. You will be notified of any deficiencies in your application and will be given the opportunity to submit additional information or documentation. If your application and/or supporting documents are not complete, your application could be rejected. You will receive an AACP certificate when your application has been approved.

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**AFFIRMATION OF APPLICANT**

I hereby affirm that I am not currently incarcerated and have not been convicted of a felony involving crimes of moral turpitude, that I am not a disbarred or suspended lawyer and that I have not been found to have engaged in the unauthorized practice of law. Further, I understand that once approved to receive the AACP designation, I will adhere to and be bound by the American Alliance's Code of Ethics.

I hereby affirm that the information contained on the AACP application is true and accurate to the best of my knowledge.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Eligibility**

You must be presently working as a paralegal;  
Have at least five (5 years) of substantive paralegal experience; AND

- A Bachelor Degree in any discipline from an accredited institution; or
- An Associate Degree in paralegal studies from an ABA approved paralegal program or a program which is a voting institutional member of the American Association for Paralegal Education ("AAfPE"); or
- A Certificate from an ABA approved paralegal program or a program which is a voting institutional member of the American Association for Paralegal Education ("AAfPE").

**Full Legal Name** (If no middle name, indicate as "NMN"). If middle name is an initial only, so indicate.

\_\_\_\_\_  
First Middle Last

a) Is this how your name is to appear on your certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

b) If "no", indicate preference:

\_\_\_\_\_  
First Middle Last

**Mailing Address**

Street: \_\_\_\_\_ Apt or Suite (circle one) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone**

Day time ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

**E-mail** \_\_\_\_\_

You must notify the American Alliance Certification Commission, in writing, of any changes.

Are you a member of the American Alliance?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Paralegal Experience**

Present Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Tel: No. \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Past Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Tel: No. \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Past Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

\_\_\_\_\_

Tel: No. \_\_\_\_\_ Dates of Employment \_\_\_\_\_

**Education**

Using the eligibility requirements shown above, please check those that apply to you:

\_\_\_\_\_ DEGREE:

\_\_\_\_\_ **PhD** Degree Awarded: \_\_\_\_\_

Name of educational institution \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ **Master** Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

Name of educational institution \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ **Bachelor** Major: \_\_\_\_\_ Minor:  
Degree Awarded: \_\_\_\_\_

Name of educational institution \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ **Associate Degree in paralegal studies**

Major: \_\_\_\_\_ Minor:  
Degree Awarded: \_\_\_\_\_

Name of educational institution \_\_\_\_\_

ABA Approved \_\_\_\_\_ AAFPE Voting Institutional Member \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ PARALEGAL CERTIFICATE Certificate Awarded: \_\_\_\_\_

Name of educational institution \_\_\_\_\_

ABA Approved \_\_\_\_\_ AAFPE Voting Institutional Member \_\_\_\_\_

Address: \_\_\_\_\_

**List by name all law related organizations to which you belong**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S WORK EXPERIENCE  
ATTORNEY-AT-LAW DECLARATION**

I, \_\_\_\_\_ declare as follows:  
(attorney's name)

1. I am an attorney-at-law admitted to the State Bar of \_\_\_\_\_.
2. That I am personally acquainted with \_\_\_\_\_  
(paralegal's name)
3. That the paralegal has performed substantive legal work while in my employ during the period from \_\_\_\_\_ to \_\_\_\_\_.
4. That the above statements are true and correct.

Date \_\_\_\_\_

Signature \_\_\_\_\_

[Additional copies of the Attorney Declaration to cover the five-year period may be made as needed.]

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