



## **CLE Reporting Form and Affidavit of Continuing Education**

Complete (print or type) this form and sign the affidavit before mailing to American Alliance of Paralegals, Inc., Attn: Director of Education, 4023 Kennett Pike, Suite 146, Wilmington, Delaware 19807-2018.

First Name	Middle Name		Last Name	
Address				
City		State	Zip Code	
Daytime telephone number (	(area code, num	ber, extension)	:	
Work E-mail:		Home E-mail	l:	
Date on AACP Certificate:		, 20	·	
During the three year time p eighteen hours of continuing AACP renewal procedure re	g legal education			
CLE Provider	Subject		Date	CLE Hours
Attach appropriate certific	cates and suppo			
and \$30.00 check payable t		_		
I certify that the information	submitted is tru	ue and correct t	to the best of my	y knowledge.
Applicant's Signature			Date.	