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/AACP Renewal Coordinator.

First Name Middle Name Last Name

Address

City State Zip Code

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

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

Date on AACP Certificate: _____, 20____.

During the three year time period from my certificate date of last affidavit date, I have obtained eighteen hours of continuing legal education with at least three hours in ethics, pursuant to AACP renewal procedure requirements.

CLE Provider	Subject	Date	CLE Hours

Attach appropriate certificates and supporting documents to evidence education credits and $40.00 credit card payment online at www.aapipara.org or check/money order payable to American Alliance of Paralegals, Inc.

I certify that the information submitted is true and correct to the best of my knowledge.

Applicant's Signature Date