



P. O. Box 344
Pittsburgh, PA 15230
Keystone_Alliance@yahoo.com
www.keystoneparalegals.org

KEYSTONE ALLIANCE OF PARALEGAL ASSOCIATIONS
APPLICATION FOR PENNSYLVANIA CERTIFIED PARALEGAL CREDENTIAL (Pa.C.P.)

NAME: _____

HOME ADDRESS: _____

HOME PHONE NO.: _____ CELL PHONE NO.: _____

EMPLOYMENT

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

WORK PHONE NO.: _____ WORK FAX NO.: _____

E-MAIL ADDRESS: _____

TITLE: _____

CURRENT EMPLOYER DATES OF EMPLOYMENT: _____

(Provide past employer information **ONLY** if employed with current employer less than seven (7) years or job title has changed with the course of employment with said current employer. If you have more than one (1) past employer or job title changed, please attach this information on a separate page.)

PAST EMPLOYER: _____

PAST EMPLOYER ADDRESS: _____

PAST EMPLOYER TELEPHONE NO.: _____

PAST EMPLOYER DATES OF EMPLOYMENT: _____

TITLE WHEN WORKING FOR PAST EMPLOYER: _____

PARALEGAL ASSOCIATION MEMBERSHIP

ARE YOU A MEMBER OF A KEYSTONE ALLIANCE PENNSYLVANIA PARALEGAL ASSOCIATION? Yes___ No___

PLEASE STATE NAME OF KEYSTONE ALLIANCE PARALEGAL ASSOCIATION OF WHICH YOU ARE A MEMBER:_____

List all law-related organizations for which you volunteer or with which you are associated:

EDUCATION

Using the eligibility requirements as stated, please complete those which apply to you:

____ Bachelor's Degree
Name of Educational Institute:_____
Address of Institute:_____
Area of Study in which Degree Obtained:_____

____ Associate's Degree
Name of Educational Institute:_____
Address of Institute:_____
Area of Study in which Degree Obtained:_____

____ Paralegal Certificate
Name of Educational Institute:_____
Address of Institute:_____
Was Certificate Program ABA-Approved? Yes___ No___ Unknown___

SUBMISSION

Submit To:

Keystone Alliance of Paralegal Associations
P. O. Box 344
Pittsburgh, PA 15230

Submit with Application:

(1) Certified copy of the applicant's official transcript(s) from the educational institution(s) attended **OR** a letter from the educational institution(s) attended indicating the dates of the applicant's attendance, date of the applicant's graduation and any other information that would otherwise be contained in a transcript **OR** a copy of diploma received by the applicant from the educational institution(s) attended. Certified Legal Assistants (“CLA”), Certified Paralegals (“CP”), Registered Paralegals (“RP”), or Paralegals holding another Paralegal credential approved and recognized by the Keystone Alliance of Paralegal Associations, need only submit a copy of their original RP or CLA certificate and a copy of their current letter/certificate of good standing. Candidates who are making application for certification under work experience only, need not provide documentation relating to educational institutions.

(2) Declaration(s) from an attorney(s) attesting to the applicant's substantive paralegal work experience. The Declaration(s) must be submitted on the required form. Letters of recommendations will not be accepted as attorney declarations. The number of years of work experience attested to in the attorney declaration(s) should correspond to the subsection of the Education and Experience Criteria under which the applicant is applying.

(3) Check or money order in the amount of \$50.00 made payable to *Keystone Alliance of Paralegal Associations*. Please note that this fee is non-refundable.

Please do not submit any CLE-related items at this time. These items should be submitted when the applicant's Pa.C.P. designation renewal is due. Also, please do not submit or include any information or documents beyond the requirements of the application. It is the Applicant’s sole responsibility to redact his or her social security number and month/day of birth from all documentation submitted.

Application and all attachments submitted for processing must be held together with either paper clips, rubber bands or a binder clip. Do not use any staples, metal or plastic bindings, 3 ring binder, metal fold over straps, etc.

NOTE: A Pa.C.P. applicant must be a member in good standing of at least one (1) Pennsylvania Paralegal Association that is a member of the Keystone Alliance of Paralegal Associations at the time of application. Therefore, a Pa.C.P. application CANNOT be submitted simultaneously with an application for membership in any Pennsylvania Paralegal Association.

IT IS YOUR RESPONSIBILITY TO SUBMIT ALL REQUIRED DOCUMENTS AND FEES. IF YOUR APPLICATION AND/OR SUPPORTING DOCUMENTS ARE INCOMPLETE, YOUR APPLICATION MAY BE REJECTED. YOU WILL RECEIVE YOUR Pa.C.P. CERTIFICATE WHEN YOUR APPLICATION HAS BEEN APPROVED. PLEASE ALLOW SIXTY (60) DAYS FOR THE APPROVAL PROCESS.

ACKNOWLEDGEMENT and AFFIRMATION

ACKNOWLEDGEMENT OF APPLICANT

The Applicant understands and acknowledges that it is within the sole discretion of the Keystone Alliance of Paralegal Associations to approve an application and bestow the Pennsylvania Certified Paralegal (Pa.C.P.) certification upon an Applicant. The Applicant is aware that if the application is denied upon appeal, the applicant may reapply for certification but must wait six (6) months before reapplication. The Applicant is entitled to appeal the decision through the appeal process established by the Keystone Alliance of Paralegal Associations. If the Applicant is denied, the Applicant acknowledges that he or she has no legal rights to take any legal action against the Keystone Alliance of Paralegal Associations, its members, officers and/or representatives acting on behalf of the Keystone Alliance of Paralegal Associations with respect to the application process, and/or the denial of the application process, and/or the denial of the certification by the Keystone Alliance of Paralegal Associations.

Further, Applicant understands and acknowledges that if Applicant is approved for certification, his or her name will be published on the Keystone Alliance's website. If you do not want your contact information made available to other law related vendors and/or companies check here ____.

AFFIRMATION OF APPLICANT

I hereby affirm that I have not been convicted of a felony or a crime of moral turpitude, that I am not a disbarred or suspended attorney and that I have not engaged in the unauthorized practice of law. Further, I understand that once approved to receive the Pa.C.P. credential, I will adhere to and be bound by the American Bar Association Model Rules of Professional Conduct and Minimum Standards and Professional Responsibility Guidelines for Paralegals in the Commonwealth of Pennsylvania that have been adopted by the Keystone Alliance of Paralegal Associations.

I hereby affirm that I am a legal resident of the United States of America and the statements made in the foregoing Application are true and correct to the best of my personal knowledge and/or on the basis of information and good faith belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

Date

Signature

FOR ASSOCIATION USE ONLY:

APPLICATION APPROVED

APPLICATION DENIED

REASON FOR DENIAL: _____

FEE RECEIVED

DATE RECEIVED: _____

CHECK #: _____

RENEWAL DUE DATE: _____