



PARALEGAL ASSOCIATION OF FLORIDA, INC.

Inspiring professional growth...one paralegal at a time®

P.O. Box 14051, Clearwater, FL 33766 | 727-245-0072 | www.pafinc.org

2019 APPLICATION FOR FLORIDA CERTIFIED PARALEGAL (FCP) EXAMINATION

GENERAL INFORMATION

Name: _____

Preferred Email Address: _____

Alternate Email Address: _____

Preferred Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____ Phone: _____

NALA Member? YES NO Designations: CP ACP FRP Other: _____

Date CP Passed: _____ Are you a member of any other paralegal association? YES NO

If so, please indicate which association(s): _____

SPECIALTY AREA TO BE TESTED ON THE FCP EXAM:

PLEASE SELECT ONLY ONE:

- FAMILY
- PROBATE
- REAL ESTATE
- CRIMINAL
- CONTRACTS/BUSINESS LAW

TOTAL FEE ENCLOSED

OR PAID BY CREDIT CARD: \$ _____

Method of Payment: Check/Money Order payable to *Paralegal Association of Florida, Inc.*

Visa MasterCard American Express

Name on Card: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____

Authorized Signature: _____ Date: _____

I HEREBY DECLARE that the above information is complete and truthful. I further pledge not to divulge the contents of the Paralegal Association of Florida, Inc. Florida Certified Paralegal (FCP) Examination or discuss with any person the FCP Examination or its contents. I affirm that I have read and agree to be bound by the Code of Ethics and Professional Responsibility adopted by the National Association of Legal Assistants, Inc. and the Paralegal Association of Florida, Inc. (See PAF website: www.pafinc.org)

APPLICANT SIGNATURE: _____ **DATE:** _____

COST/DEADLINES

\$200 PAF Members

\$250 Non-PAF Members

Includes All Workshops, Digital Materials, and Exam Fee

DEADLINE TO APPLY: MARCH 29, 2019

\$125 Exam Fee ONLY

Includes NO Workshops or Digital Materials

DEADLINE TO APPLY: MAY 31, 2019

\$65 for Retakes (*per section*)

DEADLINE TO APPLY: MAY 31, 2019



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ATTESTATION BY EMPLOYER – FOR NON-PAF MEMBERS ONLY

I HEREBY CERTIFY that this applicant for Certification as a Florida Certified Paralegal by the Paralegal Association of Florida, Inc. has been employed by me for _____ years/_____ months, and is aware of the ethical considerations of The Florida Bar and Paralegal Association of Florida, Inc. I feel this applicant is of good moral character and is qualified to sit for the Florida Certified Paralegal Examination.

Signature of Employer

Printed Name

Florida Bar No. _____

Date: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone Number: _____

This application must be completed in full and returned with the following:

- Payment by check made payable to Paralegal Association of Florida, Inc. or via credit card.**
\$200 PAF Members/\$250 Non-PAF Members (*Includes All Workshops, Digital Materials, and Exam Fee*)
\$125 Exam Fee ONLY (*Includes NO Workshops or Digital Media*)
\$65.00 for Retakes (*per section*)
- A copy of your current certification from NALA.** This will alleviate the need to confirm the applicant's current certification with the National Association of Legal Assistants, Inc., and the possibility of missing the deadline for a full and completed application.
- Send Completed Application, copy of NALA certification, and Application Fee to: Paralegal Association of Florida, Inc., P.O. Box 14051, Clearwater, Florida 33766 or via email to director@pafinc.org.**