

### SJPA PO Box 9 Stratford, NJ 08084 sjpaparalegals.com

NAME:

# New Jersey Certified Paralegal NJCP® Credential New Member Application

# **PERSONAL & EMPLOYMENT INFORMATION:**

HOME ADDRESS				
PHONE No.				
PERSONAL EMAIL				
CURRENT EMPLOYER				
EMPLOYER ADDRESS				
WORK PHONE No.				
WORK EMAIL				
EMPLOYMENT START DATE				
TITLE				
Must be an active SJPA	SJPA Active Member: Current Expiration Date:			
Voting Member or an	or			
active with another	Active w/another Paralegal Assoc			
Paralegal Association	Assoc. Name:			
Please provide previous employer information only if employed with current employer less than 5 years. If you have more than one previous employer, please attach this information on a separate page.  PREVIOUS EMPLOYER				
PREVIOUS EMPLOTER				
ADDRESS				
PHONE No.				
DATES OF EMPLOYMENT				
PREVIOUS TITLE				

## **EDUCATION:**

Utilizing the eligibility requirements in the NJCP Plan, please check and complete the section that applies:

Bachelor's Degree	
Name of Educational Institution:	
Address of Institution:	
Area of study for degree	
obtained:	
Associate's Degree	
Name of Educational Institution:	
Address of Institution:	
Area of study for degree	
obtained:	
Paralegal Certificate	
Name of Educational Institution:	
Address of Institution:	
Certificate Program ABA	
Approved?	

### **ENCLOSURES WITH APPLICATION**

**Note:** Applicant must be a Voting Member and in good standing of SJPA or another Paralegal Association with a letter of confirmation from said Association. Therefore, an NJCP application shall not be submitted simultaneously with an application for an SJPA membership. Please do not submit any CLE-related documents at this time. These documents are required for the NJCP renewal, which is due in 2 years from the date of New Member Board approval. Please do not include any information or documents beyond the requirements of this Application.

## **Enclosures:**

- 1) Certified copy of the applicant's official transcript(s) from the educational institution (OR)
  - Letter from the educational institution(s) indicating the dates of the applicant's attendance and graduation (OR)
  - A copy of diploma received by the applicant from the education institution(s) attended.
  - Another Paralegal Association Certificate of which you are a current member with letter confirmation of good standing.

Note: Registered Paralegals (RP) and Certified Legal Assistants (CLA) need only submit a copy of their original RP or CLA Certificate and a copy of their current letter/certificate of good standing

**2)** Declaration(s) from an attorney(s) attesting to the applicant's substantive paralegal work experience. The total number of attested years must meet the minimum number of years in the NJCP Plan, Section 4 Criteria.

3.	<b>NEW MEMBER APPLICATION FEE:</b>	\$80.00 (SJPA Member)	\$100 (Non-Member)

2 ver 8.16.25

CHECK ONE:						
Credit or Debit Card payment has been made on the SJPA website via PayPal (no account needed). Enclosed is the receipt of payment. Email NJCP Application, along with supporting documentation to: Christy Valerio at: <a href="mailto:christivalerio@yahoo.com">christivalerio@yahoo.com</a>						
Check has been made payable to SJPA and mailed to:  NJCP MEMBERSHIP COMMITTEE  P.O. BOX 9  STRATFORD, NJ 08084						
It is your responsibility to submit all required documents and fees. If your application and/or supporting documents are incomplete, your application may be denied. You will be notified by our NJCP Chairperson and receive your NJCP Certificate when your application has been approved. <i>PLEASE ALLOW 45 DAYS FOR THE APPROVAL PROCESS AS THIS REQUIRES BOARD MEMBER APPROVAL</i>						
AFFIRMATION OF APPLICANT						
I hereby affirm that I have not been convicted of a felony or a crime or moral turpitude, that I am not a disbarred or suspended attorney, and that I have not been engaged in the unauthorized practice of law. Further, I understand that once approved to receive the NJCP credential, I will adhere to and be bound by the NFPA's Code of Ethics and Professional Responsibility.  I hereby affirm that the information contained on this application is true and accurate to the best of my knowledge.						
Signature /s/: _	Date:	Date:				
FOR SJPA USE ONLY						
	Date Application Received	Check # or PayPal Receipt (\$50)				
	Application Approved or Denied	Date Approved				
	Certificate # Issued	Renewal Due Date				
	Processed By	Mailed/Emailed Certificate				
D for D						
Reason for Denial						

3 ver 8.16.25