

SOUTH JERSEY PARALEGAL ASSOCIATION
A Non-Profit Corporation
www.sjaparalegals.com

SUBMIT TO:
 South Jersey Paralegal Association
 ATTN: NJCP Renewal
 PO Box 9
 Stratford, NJ 08084
 (OR)
 Via email to
[Christi Valerio at christivalerio@yahoo.com](mailto:Christi.Valerio@christivalerio@yahoo.com)

New Jersey Certified Paralegal (NJCP Credential) – RENEWAL Application

PERSONAL & EMPLOYMENT INFORMATION:

NAME:	
HOME ADDRESS	
PHONE No.	
PERSONAL EMAIL	
CURRENT EMPLOYER	
EMPLOYER ADDRESS	
WORK PHONE No.	
WORK EMAIL	
START DATE OF CURRENT EMPLOYMENT	
NJCP RENEWAL DATE	

ENCLOSURES WITH RENEWAL APPLICATION

1. Please submit the Certified Legal Education (CLE) Form with a complete list of seminars, inclusive of dates and total number of credits, along with a copy of all certificates obtained.
2. Credit Card payment can be made on the website, under the NJCP tab via PayPal (no account needed) and enclose a copy of the payment receipt (**OR**) remit a check in the amount of \$25.00 made payable to South Jersey Paralegal Association with a note in the memo field: NJCP Renewal.

Note: The required number of CLE credits for a renewal is located on the SJPA website, under the NJCP tab, click the NJCP Plan link. The CLE Form can also be located on the SJPA website, under the NJCP tab. You must be a voting member in good standing of SJPA or another Paralegal Association at the time of this renewal application.

PLEASE ALLOW 45 DAYS FOR THE APPROVAL PROCESS AS THIS REQUIRES BOARD MEMBER APPROVAL

(SIGNATURE REQUIRED ON FOLLOWING PAGE)

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.

Print Name: _____

Signature: _____

Date: _____



For SJPA Use Only	
	Date Application Received
	Fee Received
	Check # or PayPal Receipt
	Application Approved
	Application Denied
	Next Renewal Date
	Original Certificate #
	Processed By
	Date Approved
Reason for Denial	