

## **FLORIDA REGISTERED PARALEGAL APPLICATION** CHAPTER 20, RULES REGULATING THE FLORIDA BAR

		REAPPLICATION	
			Fees
_			☐ CE (Proof Required)
I.	PERSONAL INFORMATIO	)N	
Ple	ease Type or Print		
1.	Name:		
	Mr. Ms.		
La	st Name	First Name	MI
Da	te of Birth	Last 4 Digits of S	ocial Security Number
2.	a business telephone num official records of The Flooring at the addraddress is not the physical employment, then a physical	ber that will appear within orida Bar. You will rece ress you indicate as your offind location or street addres cal address must also be	and be published from the eive all printed Florida Bar icial address. If the indicated s of your principal place of given. Your address must by which you are employed.
Of	ficial Mailing Address		
Str	eet Address		
Cit	у	State	Zip Code
Ph	ysical Address		
Str	reet Address		
Cit	у	State	Zip Code
Bu	siness Telephone Number		
Bu	siness Fax Number		
Bu	siness E-mail Address		

### II. ELIGIBILITY REQUIREMENTS

3. Grounds for Ineligibility. IF YOU ANSWER YES TO ANY OF THE BELOW, PLEASE PROVIDE AN EXPLANATION ON A SEPARATE SHEET OF PAPER.
Have you ever been suspended or disbarred or resigned in lieu of ☐ Yes ☐ No discipline from the practice of law in any state or jurisdiction?
Have you ever been convicted of a felony in any state or jurisdiction ☐ Yes ☐ No for which your civil rights have not been restored?
Have you ever been found to have engaged in the unlicensed ☐ Yes ☐ No (unauthorized) practice of law in any state or jurisdiction?
Have you ever had a registration or license to practice any Pyes No profession issued by a governmental entity or professional organization terminated or revoked for disciplinary reasons by a professional organization, court, disciplinary board, or agency in any jurisdiction?
4. Qualifying Criteria
Indicate the criteria by which you seek registration and complete the applicable section of this application. You must only complete the section that applies to you. If you are eligible for registration based on more than 1 criteria, choose 1 criteria under which you wish to register. If your qualifying criteria is education and work experience, you must complete both the education and work experience sections. If your qualifying criteria is certification, you must complete the certification and work experience sections. With either qualifying criteria, the attesting attorney(s) must complete the attorney attestation form included with the application.
Education and work experience as set forth in rule 20-3.1(a)
Certification and work experience as set forth in rule 20-3.1(b)

# EDUCATION AND WORK EXPERIENCE (please complete both sections) EDUCATION

Associate, Bachelor, or Juris Doctor Degrees. Please attach a copy of the degree(s). Full Name and Location of School Accrediting Agency Degree Obtained Subject Matter Date WORK EXPERIENCE (attach additional sheets if necessary) A paralegal is defined as a person with education, training, or work experience, who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. In order to qualify as paralegal work or paralegal work experience for purposes of meeting the eligibility and renewal requirements the paralegal must primarily perform paralegal work and the work must be continuous and recent. Recent paralegal work means work performed during the previous 5 years, in connection with an initial registration. Time spent performing clerical work is specifically excluded. Please complete the following showing your paralegal work experience. employing or supervising attorney must complete the attestation portion of this application.) **Employer Name and Address** Supervising Attorney Dates of Employment Paralegal hrs. worked per week **Employer Name and Address** Supervising Attorney Dates of Employment Paralegal hrs.

worked per week

#### **CERTIFICATION**

certification as off		nced Competency Exam (PACE ation of Paralegal Associations).
Date Received	Number	Still in Good Standing (y/n)
examination (CLA/ Assistants). Pleas	CP certification as offered by	al Assistant/Certified Paralegal the National Association of Legal cate. A copy of your Advanced this requirement.
Date Received	Number	Still in Good Standing (y/n)
WORK EXPERIENCE (att	ach additional sheets if ne	cessary)
under the supervision of a delegated substantive legarime spent performing c following showing your	a member of The Florida Ba al work for which a member o	
Employer Name and Addre	ess	
Supervising Attorney	Dates of Employment	Paralegal hrs. worked

#### III. ACKNOWLEDGMENT OF APPLICANT

I have read Chapter 20, Florida Registered Paralegal Program contained in the Rules Regulating The Florida Bar, including the continuing education requirement and the Code of Ethics and Responsibility, and agree to comply with the rule and the Code.

I consent to a confidential inquiry of third parties by The Florida Bar for the purpose of determining whether I fulfill the requirements for registration.

Upon registration as a Florida Registered Paralegal I will receive a certificate. I agree to surrender the certificate if registration is revoked or not renewed.

I agree to pay all fees required by The Florida Bar when due.

I agree to inform The Florida Bar promptly of any fact or circumstance that would render me ineligible for registration as a Florida Registered Paralegal or for renewal of my Florida Registered Paralegal registration.

I affirm the contents of this application and its attachments, and I affirm that the material representations of my work experience and/or education and/or certification set forth herein are true and correct.

I am enclosing my check for \$145.00 as the application fee. I understand this fee is nonrefundable regardless of the disposition of my application.

Print or Type Full Name	
Signature	Date

### **EMPLOYING/SUPERVISING ATTORNEY ATTESTATION**

I am authorized to certify the following in connection with an application for registration under the Florida Registered Paralegal Program, Chapter 20 Rules Regulating The Florida Bar.		
I am/have been the employing or supervising attorney for, the applicant herein as I have/have had direct supervision over the applicant during which time I was a member in good standing of The Florida Bar.		
I hereby certify that the applicant has fulfilled the following paralegal work experience requirement necessary for registration and is currently or was (check one) primarily performing paralegal work. (A paralegal is defined as a person with education, training or work experience, who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Time spent performing clerical work is specifically excluded.)		
months from to		
At least 1 year of paralegal work experience from to		
At least 2 years of paralegal work experience from to		
At least 3 years of paralegal work experience from to		
At least 4 years of paralegal work experience from to		
Dated this,		
By signing below, you acknowledge and accept you are subject to the Rules Regulating The Florida Bar for any misrepresentations as to the work experience of this applicant.		
Signature of Attesting Attorney Address		
Print Name		
Title		
Florida Bar Number		