SOUTH CAROLINA CERTIFIED PARALEGAL

Rule 429, SCACR APPLICATION CHECKLIST

1. APPLICATION FEE

An application fee of \$50 must accompany each application. The fee shall apply to the applicant's first partial or full year of certification. Each certification period begins on July 1. Please make the check payable to the South Carolina Bar. Fees are not refundable.

2. DOCUMENT SHOWING ELIGIBILITY

Enclose a copy of the certificate from the National Association of Legal Assistants (NALA) or National Federation of Paralegal Associations (NFPA) demonstrating that at the time of application the applicant is designated as a Certified Legal Assistant/Certified Paralegal (CLA/CP) by NALA or PACE-Registered Paralegal (PACE-RP) by NFPA, or Professional Paralegal (PP) by NALS)

Return the application and payment to: South Carolina Bar Attn: Paralegal Certification P.O. Box 608 Columbia, SC 29202-0608

SOUTH CAROLINA CERTIFIED PARALEGAL APPLICATION

(Applications must be typewritten)

Name (Last, First, MI)				Today's date:
Address	City	State	Zip	Telephone: Home/Business
E-mail:				Mobile:
SC BAR LAWYER/LAWYERS WHO WILL PROVID (If not employed, South Carolina Bar Lawyer v		supervision)		-
Name, City				
Name, City				
Name, City				
ELIGIBILITY:				
A copy of the following certificate is attached:	\odot CLA/CP by N	ALA O PAG	CE-RP by NFPA	O PP by NALS
Is your certfication or license as a paralegal ir under suspension or revocation?	n any state		O Yes	O No O Not Applicable
Are you licensed to practice law in any jurisdic in the past, AND have you been disbarred, be or resigned in lieu of discipline?		n	O Yes	O No O Not Applicable
Have you ever been convicted of a criminal ac on your honesty, trustworthiness or fitness as OR have you engaged in conduct involving dis or misrepresentation?	s a paralegal,	•	O Yes	O No O Not Applicable
If yes, please explain why the conduct should	not prevent certif	fication.		
Are you a legal resident of the United States?			O yes	O NoO Not Applicable
VERIFICATION: ☐ I agree to notify the Board if I no longer me	eet the standards	required for ce	rtification in S	outh Carolina.
☐ I consent to inquiry for the purpose of dete	ermining whether	I fulfill the requ	irements.	
☐ If granted a certificate, I agree to surrender	r the certificate if	the certification	is revoked by	the Board.
lacksquare I understand that the period of certification	n is one year, begi	nning July 1.		
\Box I affirm the representations herein are true	, -	- •		
Signature:			Da	ate: