



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

REAPPLICATION

Fees

CE (Proof Required)

I. PERSONAL INFORMATION

Please Type or Print

1. **Name:**

Mr. Ms.

Last Name

First Name

MI

Date of Birth

Last 4 Digits of Social Security Number

2. **Mailing Address:** You are required to designate and update a mailing address and a business telephone number that will appear within and be published from the official records of The Florida Bar. You will receive all printed Florida Bar communications at the address you indicate as your official address. If the indicated address is not the physical location or street address of your principal place of employment, then a physical address must also be given. Your address must contain the name of the law firm or other organization by which you are employed.

Official Mailing Address

Street Address

City

State

Zip Code

Physical Address

Street Address

City

State

Zip Code

Business Telephone Number

Business Fax Number

Business 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 discipline from the practice of law in any state or jurisdiction? Yes No

Have you ever been convicted of a felony in any state or jurisdiction for which your civil rights have not been restored? Yes No

Have you ever been found to have engaged in the unlicensed (unauthorized) practice of law in any state or jurisdiction? Yes No

Have you ever had a registration or license to practice any 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? Yes No

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. (Your 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

Successful completion of the Paralegal Advanced Competency Exam (PACE certification as offered by the National Federation of Paralegal Associations). Please attach a copy of the certificate.

Date Received	Number	Still in Good Standing (y/n)
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Successful completion of the Certified Legal Assistant/Certified Paralegal examination (CLA/CP certification as offered by the National Association of Legal Assistants). Please attach a copy of the certificate. A copy of your Advanced Certified Paralegal (ACP) certificate will satisfy this requirement.

Date Received	Number	Still in Good Standing (y/n)
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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. Time spent performing clerical work is specifically excluded. Please complete the following showing your current paralegal work experience. (Your employing or supervising attorney must complete the attestation portion of the application.)

Employer Name and Address

Supervising Attorney	Dates of Employment	Paralegal hrs. worked per week
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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 _____ day of _____, _____.

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	_____