



[www.keystoneparalegals.org](http://www.keystoneparalegals.org)

**PENNSYLVANIA CERTIFIED PARALEGAL**  
**REINSTATEMENT APPLICATION**

***IMPORTANT NOTE:*** *Online submissions of applications are highly recommended to ensure timely processing. When applying online, you will have the option to pay online or by mail. If you choose to apply by mail, please assist us with our scanning process by using only one large binder clip or rubber band to bind your documents (no staples, bindings, etc.), as your entire submission (application, supporting documentation and a copy of your check) will be scanned in as a single document.*

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ ID NO. \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_  
HOME EMAIL ADDRESS: \_\_\_\_\_  
DATE OF ORIGINAL Pa.C.P. CERTIFICATION: \_\_\_\_\_

**EMPLOYER INFORMATION**

CURRENT EMPLOYER: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
WORK PHONE NO.: \_\_\_\_\_ WORK FAX NO.: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
CURRENT EMPLOYER DATES OF EMPLOYMENT: \_\_\_\_\_

## PARALEGAL ASSOCIATION MEMBERSHIP

*If you are a member of a Keystone Alliance member association, you MUST complete this section in order to qualify for the discounted application fee. Membership will be confirmed with the local association's Membership Chairperson.*

ARE YOU A MEMBER OF A KEYSTONE ALLIANCE PENNSYLVANIA PARALEGAL ASSOCIATION? Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE STATE NAME OF KEYSTONE ALLIANCE PARALEGAL ASSOCIATION OF WHICH YOU ARE A MEMBER: \_\_\_\_\_

\* \* \* \* \*

**Have you ever been convicted of or entered a plea of guilty or nolo contendere to a felony?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach full details (name of court, plea or conviction, sentence and length of probation) and appropriate supporting documents with a signed and dated personal explanation.

**Have you ever been investigated and/or alleged to have engaged in the Unauthorized Practice of Law?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**REASON FOR REQUEST OF REINSTATEMENT:**

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## AFFIRMATION OF RENEWAL APPLICANT

I hereby affirm that I am a legal resident of the United States of America and that the statements made in the foregoing Application are true and complete to the best of my personal knowledge and/or on the basis of information and good faith belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

I further affirm that I will continue to adhere to and be bound by the American Bar Association Model Rules of Professional Conduct and Minimum Standards and Professional Responsibility Guidelines for Paralegals in the Commonwealth of Pennsylvania that have been adopted by the Keystone Alliance of Paralegal Associations.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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## SUBMISSION

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Submit To: Keystone Alliance Credentialing Committee  
c/o Nancy Piechota  
21 Wren Drive  
Bechtelsville, PA 19505

### Your Application for Reinstatement packet must include the following:

1. The completed Application for Reinstatement. The application should be signed on the day it is submitted for processing;
2. A copy of the letter notifying you that your Pa.C.P. Credential has been terminated. If you do not have this letter, please attach an Affidavit of Explanation for Termination of Pa.C.P. Credential (provided at the end of this form) stating the reason(s) to the best of your knowledge;
3. Payment of the applicable, non-refundable, fee, which may be made online or by check or money order made payable to *Keystone Alliance of Paralegal Associations*.
  - \$50.00 non-refundable reinstatement application fee for members of a Keystone Alliance member association.
  - \$200.00 non-refundable reinstatement application fee for applicants not affiliated with a Keystone Alliance member association.

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## ADDITIONAL INFORMATION AND INSTRUCTIONS

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- It is the Applicant's sole responsibility to redact his or her social security number and month/day of birth from all documentation submitted.
- **IT IS YOUR RESPONSIBILITY TO SUBMIT ALL REQUIRED DOCUMENTS AND FEES. IF YOUR APPLICATION AND/OR SUPPORTING DOCUMENTS ARE INCOMPLETE, YOUR APPLICATION MAY BE REJECTED.**

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## DETERMINATION AND NOTIFICATION

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- The Credentialing Committee makes every effort to complete its review process within 30 days of receipt of an application. All work is performed by volunteers who are employed as full-time paralegals. Please allow up to 45 days for a response in consideration of mailing delays, work loads, vacation schedules, etc. If you do not receive a response within 45 days, you may request a status report by emailing the Credentialing Committee Chairperson at [CredentialingChair@keystoneparalegals.org](mailto:CredentialingChair@keystoneparalegals.org).
- It will be at the discretion of the Credentialing Committee if the reinstatement request is approved. The fee will be assessed whether approved or denied.
- If your application is approved, you will receive an approval letter attaching your new Certificate and wallet card.
- If your application is denied, you will receive a denial letter advising you of your right to appeal within 45 days and enclosing the necessary forms and instructions for submitting the appeal.



**AFFIDAVIT OF EXPLANATION FOR TERMINATION OF Pa.C.P. CREDENTIAL**

*If you do not have a copy of your Pa.C.P. Credential termination letter*, please provide an explanation, to the best of your knowledge, as to the reason(s) your Pa.C.P. Credential was terminated:

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The above statements are true and correct to the best of my personal knowledge and/or on the basis of information and good faith belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. Section 4904, relating to unsworn falsification to authorities.

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Date

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Signature