



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

**KEYSTONE ALLIANCE OF PARALEGAL ASSOCIATIONS  
APPLICATION FOR PENNSYLVANIA CERTIFIED PARALEGAL CREDENTIAL (Pa.C.P.)**

**PLEASE 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.*

NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

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**EMPLOYMENT**

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

(Provide past employer information **ONLY** if employed with current employer less than seven (7) years or if job title has changed over the course of employment with current employer. If you have more than one (1) past employer or job title change, please attach this information on a separate page.)

PAST EMPLOYER: \_\_\_\_\_  
PAST EMPLOYER ADDRESS: \_\_\_\_\_  
PHONE NO.: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
TITLE WHEN WORKING FOR PAST EMPLOYER: \_\_\_\_\_  
PAST EMPLOYER DATES OF EMPLOYMENT: \_\_\_\_\_

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**PARALEGAL ASSOCIATION MEMBERSHIP**

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How did you hear about the Pa.C.P. program and/or the Keystone Alliance of Paralegal Associations?

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

Are you a member of a Keystone Alliance Paralegal Association? Yes \_\_\_\_ No \_\_\_\_

If yes, name of Paralegal Association of which you are a member: \_\_\_\_\_

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**EDUCATION**

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Please complete those which apply to you and for which the required supporting documentation is attached (instructions available at the end of this form):

\_\_\_\_ Bachelor's Degree

Name of Educational Institute: \_\_\_\_\_

Address of Institute: \_\_\_\_\_

Area of Study in which Degree was Obtained: \_\_\_\_\_

If degree is in Paralegal Studies, was program ABA-Approved? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_ Associate's Degree

Name of Educational Institute: \_\_\_\_\_

Address of Institute: \_\_\_\_\_

Area of Study in which Degree was Obtained: \_\_\_\_\_

If degree is in Paralegal Studies, was program ABA-Approved? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_ Paralegal Certificate

Name of Educational Institute: \_\_\_\_\_

Address of Institute: \_\_\_\_\_

Was Certificate Program ABA-Approved? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_ CLA, CP or RP certification

**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 \_\_\_\_

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**ACKNOWLEDGEMENTS OF APPLICANT**

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The Applicant understands and acknowledges that it is within the sole discretion of the Keystone Alliance of Paralegal Associations to approve an application and bestow the Pennsylvania Certified Paralegal (Pa.C.P.) Credential upon an Applicant. The Credentialing Committee will determine within 30 days whether the Applicant meets the requirements for certification as established by the Keystone Alliance, and the Applicant will be notified by the Keystone Alliance Chairperson of the Committee’s decision.

The names of all approved Pa.C.P.’s will be posted on the Keystone Alliance website along with their approval dates and the names of their local associations. Approved Applicants will also receive a Certificate and a wallet card indicating that they have been awarded the Pa.C.P. Credential and the date of approval. In order to maintain standing as a Pa.C.P., a minimum of 12 CLE credits (with at least 2 of the credits in ethics) must be obtained within the two-year Certification Period which begins with the Pa.C.P.’s approval date and ends two years hence on the anniversary date. The Pa.C.P. is solely responsible for tracking CLE’s obtained during the Certification Period, for maintaining accurate and appropriate documentation of the said CLE’s and for submitting the Application for Renewal prior to his/her anniversary date. Forms and instructions relative to the renewal process are available on the Keystone Alliance website.

If an Applicant is denied certification, the Applicant may file an appeal within 45 days of receipt of the denial. Forms and instructions for filing an appeal are available on the Keystone Alliance website. In the event the appeal is denied, the Applicant must wait 6 months before he or she may reapply for the Pa.C.P. Credential.

The Applicant hereby acknowledges that he or she has no legal rights to take any legal action against the Keystone Alliance of Paralegal Associations, its members, officers and/or representatives acting on behalf of the Keystone Alliance of Paralegal Associations with respect to the application process, and/or the denial of the application process, and/or the denial of the certification by the Keystone Alliance of Paralegal Associations.

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**AFFIRMATION OF APPLICANT**

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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 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

### Documents to be submitted:

1. The completed Application for Pennsylvania Certified Paralegal Credential. The application should be signed on the day that it is submitted for processing;
2. Supporting documentation regarding educational requirements as follows:
  - (a) Certified copy of the applicant's official transcript(s) from the educational institution(s) attended; **OR**
  - (b) a letter from the educational institution(s) attended indicating the dates of the applicant's attendance, date of the applicant's graduation and any other information that would otherwise be contained in a transcript; **OR**
  - (c) a copy of diploma received by the applicant from the educational institution(s) attended.
  - (d) Certified Legal Assistants ("CLA"), Certified Paralegals ("CP") and Registered Paralegals ("RP") need only submit a copy of their original CLA, CP or RP certificate and a copy of their current letter/certificate of good standing.
3. Declaration from an attorney attesting to the applicant's substantive paralegal work experience. The Declaration must be submitted on the required form and must be dated not more than 30 days prior to the date the Application is signed by the Applicant. Letters of recommendation will not be accepted as attorney declarations. The number of years of work experience attested to in the Attorney Declaration must correspond to the subsection of the education and experience criteria under which the Applicant is applying.
4. If educational program was ABA approved, copy of program description or a letter on the institution's letterhead indicating that the program was so approved. If said documentation is not provided, it will be presumed that Applicant's education was obtained from a non-ABA approved program.
5. 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 application fee for members of a Keystone Alliance member association.
  - \$200.00 non-refundable application fee for applicants not affiliated with a Keystone Alliance member association.

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**ADDITIONAL INFORMATION AND INSTRUCTIONS**

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- Please do not submit any CLE-related items at this time. These items should be submitted at the time of renewal.
- Please do not submit any information or documentation beyond the requirements of the application.
- 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. Please allow up to 45 days for a response, as all work is performed by volunteers who are employed as full-time paralegals. 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).
- If your application is approved, you will receive an approval letter enclosing your certificate and wallet card as well as information regarding maintenance of the Pa.C.P. Credential. The Pa.C.P. will be solely responsible for meeting the requirements for maintenance of the Pa.C.P. Credential, including but not limited to obtaining the requisite CLE’s within the two-year Certification Period and submitting the Application for Renewal prior to the Pa.C.P.’s anniversary date along with the applicable renewal fee in effect at that time. Please visit the [Keystone Alliance website](#) for complete information and forms.
- 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. The Appeals Committee shall make the final determination on the acceptance or denial of the Appellant's certification.

**GOOD LUCK WITH YOUR APPLICATION!**