

**PARALEGAL ASSOCIATION OF FLORIDA, INC.  
APPLICATION FOR FLORIDA CERTIFICATION EXAMINATION**

SEND APPLICATION TO:

Margie Averill, ACP, CFLA  
3205 1st Road  
Vero Beach, Florida 32968

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772-562-7797 (Home)

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APPLICANTS FOR CERTIFIED FLORIDA LEGAL ASSISTANT EXAMINATION MUST MEET THE FOLLOWING REQUIREMENTS:

1. Current certification as a Certified Legal Assistant (CLA) or Certified Paralegal (CP) from the National Association of Legal Assistants, Inc.
2. Be of good moral character, be aware of the ethical considerations of the profession, and exhibit professional conduct above reproach.

NAME:

\_\_\_\_\_

CLA;  CP;  CLAS;  ACP

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

DATE CLA EXAM PASSED: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SPECIALTY AREA TO BE TESTED ON CFLA EXAM:

Family;  Probate;  Real Estate;  Criminal;  Contracts -- select one

I HEREBY DECLARE that the above information is complete and truthful. I further pledge not to divulge the contents of the Paralegal Association of Florida Inc. certification examination or discuss with any person the examination or its contents.

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

I hereby certify that the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification, and who did take an oath.

\_\_\_\_\_  
(SEAL)  
Notary Public, State of Florida at Large

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**ATTESTATION BY EMPLOYER**

I HEREBY CERTIFY that this applicant for certification as a CERTIFIED FLORIDA LEGAL ASSISTANT by the Paralegal Association of Florida, Inc., has been employed by me for \_\_\_ years/\_\_\_ months, is aware of the ethical considerations of The Florida Bar and the Paralegal Association of Florida, Inc. I feel this applicant is of good moral character and is qualified to sit for the Florida Certification Examination.

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SIGNATURE OF EMPLOYER \_\_\_\_\_

FLORIDA BAR NUMBER: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

The examination will take place on SUNDAY, OCTOBER 14, 2007, in Orlando, Florida. This application must be completed in full and accompanied by a check in the amount of **\$100.00** for PAF, Inc. members, or **\$125.00** for non-members, made payable to Paralegal Association of Florida, Inc. **Please include a copy of your CURRENT CERTIFICATION from NALA.** This will alleviate the need to confirm the applicant's current certification with the National Association of Legal Assistants, Inc., and the possibility of missing the deadline for full and completed applications: **Retakes: \$65 per section.**

**Application Deadline:** September 15, 2007