

HEARTLAND PARALEGAL ASSOCIATION EMPLOYER ATTESTATION FORM

(to be used if membership application completed online)

Member Name: _____

Voting membership is open to individuals who meet one of the following requirements:

- (1) Successful completion of the Certified Legal Assistant (CLA/CP) exam through NALA, or
- (2) Graduation from an ABA approved program of study for paralegals, or
- (3) Graduation from a course of study for paralegals which is institutionally accredited but not ABA approved, and which requires not less than the equivalent of 60 semester hours of classroom study, or
- (4) Graduation from a course of study for paralegals other than those set forth above, plus not less than six months of in-house training as a paralegal, whose attorney-employer attests that such person is qualified as a paralegal, or**
- (5) Receipt of a baccalaureate degree in any field, plus not less than six months in-house training as a paralegal whose attorney-employer attests that such person is qualified as a paralegal, or**
- (6) A minimum of three years law-related experience under the supervision of an attorney, including at least six months of in-house training as a paralegal, whose attorney-employer attests that such person is qualified as a paralegal, or**
- (7) A minimum of two years of in-house training as a paralegal, whose attorney-employer attests that such person is qualified as a paralegal.**

ATTORNEY/EMPLOYER ATTESTATION

This section must be completed by members applying **under 4, 5, 6, or 7 for the first time.**

I hereby attest that _____ is employed by me and meets the qualifications for voting membership in the Heartland Paralegal Association.

Attorney/Employer Name: _____

Signature of Attorney/Employer: _____

Date: _____

Please return your completed form to: HPA
P.O. Box 12413
Overland Park, KS 66282

Or

tlhhpa@gmail.com

