CERTIFIED PARALEGAL™

APPLICATION FOR PARALEGAL CERTIFICATION PROGRAM

ALL
☐ Fees $210
☐ Signed Attestation(s)

EDUCATION - - - - - - - - - - A N D - - - - - - - - - - WORK EXPERIENCE*
☐ Degrees/Transcripts ☐ Continuing Education

I. PERSONAL INFORMATION

Please Type or Print

Name:

Last Name _____ First Name _____ MI _____

Date of Birth _____

Alternate names used: _____

Business Address: You are required to designate and update a mailing address and a business telephone number that will be published from the official records of the State Bar of Wisconsin. You will receive all printed State Bar communications at this address. Your address must contain the name of the law firm or other organization by which you are employed.

Company/Law Firm _____

P.O. Box _____ City, State, Zip _____

Street Address _____ City, State, Zip _____

Business Telephone Number: _____

Personal Phone Number (optional): _____

Business E-Mail Address: _____

II. ELIGIBILITY REQUIREMENTS

Grounds for Ineligibility. IF YOU ANSWER YES TO ANY OF 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

Is there information in your criminal history background check that would disqualify you from membership in the State Bar of Wisconsin? ☐Yes ☐ No

III. EDUCATION AND TRAINING

Associate, Bachelor, or Juris Doctor Degrees. Please attach official transcripts showing required credits.

Full Name and Location of School

Accrediting Agency

Degree Obtained | Subject Matter | Date

IV. WORK EXPERIENCE & CONTINUING EDUCATION (attach additional sheets if necessary)

*Work Experience

A paralegal is defined as a person with education, training, or work experience, who works under the supervision of a licensed attorney and who performs specifically delegated substantive legal work for which the attorney is responsible. To qualify as paralegal work or paralegal work experience for purposes of meeting the eligibility and requirements the paralegal must primarily perform paralegal work for at least 2,000 - 4000 hours prior to this application based on submitted education requirements. Please have a licensed attorney complete the required Employment Attestation below showing your paralegal work experience.

Practice Areas: Select all that apply (Please indicate up to five areas of practice for which you wish to receive information)

- ☐ Advising Small Business
- ☐ Bankruptcy
- ☐ Business Entities
- ☐ CHIPS/JIPS/TPR
- ☐ Contracts
- ☐ Creditor/Debtor
- ☐ Criminal
- ☐ Elder
- ☐ Estate Planning
- ☐ Family
- ☐ General Practice
- ☐ Insurance
- ☐ Intellectual Property
- ☐ Labor/Employment
- ☐ Municipal/Gov. Issues
- ☐ Probate
- ☐ Real Estate – Commercial
- ☐ Real Estate – Residential
- ☐ Tax
- ☐ Torts/Personal Injury: Civil Litigation

Continuing Education: Submit a Minimum of 15 hours of CLE (up to 30 hours), 3 hours of which are in legal ethics and professional responsibility in the previous 12 months. More CLE may be required. (Attach certificates of attendance for each program)

Certificate	Course Title	Course Sponsor	Date	CLE/EPR Credits

IV. APPLICATION PATH CHOICE

There are three ways to become a State Bar of Wisconsin Certified Paralegal ® (SBWCP). Choose below which path you are applying through. (*see the website for more information*).

◯ PATH A

Fully Meets Wisconsin Education Requirements

- Has an Associate or bachelor's from a qualified Wisconsin paralegal studies program.
- Has worked as a Paralegal for a min of 2000 hours.
- Passed background check.
- Self Attestation completed.

MUST Complete **12** credits of Wisconsin specific CLE, 3 of which are Ethics prior to application.

◯ PATH B

Partially Meets Wisconsin Education Requirements

- Any associate or bachelor's degree from a non-Wisconsin Paralegal Program*.
- Has worked as a Paralegal for a min of 2000 hours.
- Passed background check.
- Self Attestation completed.

MUST Complete **18** credits of Wisconsin specific CLE, 3 of which are Ethics prior to application.

◯ PATH C

Does Not Meet Wisconsin Education Requirements

- Associates or Bachelors degree from a non-paralegal studies program*.
- Has worked as a Paralegal for a min of 4000 hours.
- Passed background check.
- Self Attestation completed.

MUST Complete **21** credits of Wisconsin specific CLE, 3 of which are Ethics prior to application.

ALL PATHS MUST TAKE AND PASS THE GENERAL CERTIFICATION EXAM

V. ACKNOWLEDGEMENT OF APPLICANT

I have read the State Bar of Wisconsin Certified Paralegal Program requirements, including the continuing education requirement and the Code of Ethics and Responsibility, and agree to comply with the requirements and the Code.

I consent to a confidential inquiry of third parties by the State Bar of Wisconsin for the purpose of determining whether I fulfill the requirements.

Upon registration as a State Bar of Wisconsin Certified 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 State Bar of Wisconsin when due.

I agree to inform the State Bar of Wisconsin promptly of any facts or circumstances that would render me ineligible for registration as a State Bar of Wisconsin Certified Paralegal or for renewal of my State Bar of Wisconsin Certified 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 affirm to have not partaken in the unsupervised practice of law (UPL) before applying and will not engage in UPL after becoming a certified paralegal. By signing this attestation, I attest to the accuracy of this information and understand that any misrepresentation may lead to the denial of my certification.

I am enclosing my check for $210, which includes a $130 nonrefundable application fee and my $80 annual registration fee. I understand this fee is nonrefundable regardless of the disposition of my application.

_____

Print or Type Full Name

_____

Signature Date

Mail to: State Bar of Wisconsin
Certified Paralegal Program
Attn: Registrar
P.O. Box 7158
Madison, WI 53707-7158

STATE BAR OF WISCONSIN
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CERTIFIED PARALEGAL™

ATTESTATION FORM

EMPLOYMENT ATTESTATION & VERIFICATION REQUIRED

I, _____, am authorized to certify the following in connection with an application for
ATTORNEY NAME

registration under the State Bar of Wisconsin Certified Paralegal Program. I am/have been the employing or

supervising attorney for _____,
NAME OF PARALEGAL APPLICANT

the applicant herein as I have/have had direct supervision over the applicant during the period from

_____ to _____, FOR A TOTAL OF _____ hours all of which involved performing the normal duties of a paralegal and engaging in substantive legal work. During this time, I was a member in good standing of the State Bar of Wisconsin.

Dated this_____ of_____

_____
Signature of Attesting Attorney

_____ _____
Print Name State Bar of Wisconsin Member Number

Please supply your contact information for verification purposes below:

Attorney Phone Number:

Attorney Email:

STATE BAR OF WISCONSIN
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TEACHING ATTESTATION

I _____ am authorized to certify the following in connection with an application for registration under the State Bar of Wisconsin Certified Paralegal Program.

I hereby certify that the applicant _____ has been teaching full-time at _____, an approved paralegal studies training program for not less than 3 years immediately preceding this date from _____ to _____.

Dated this _____ of _____

_____
Signature

_____ _____
Print Name Position

Download additional attestation sheets at www.wisbar.org/paralegal/forms

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CLEAR FORM