



**CERTIFIED  
PARALEGAL™**

# APPLICATION FOR PARALEGAL CERTIFICATION PROGRAM

## ALL

- ☐ Fees \$200  
☐ Signed Attestations

## EDUCATION ----- AND ----- 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: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

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

Qualifying Criteria

Indicate the criteria by which you seek registration and complete the applicable section of this application. You must only complete You must complete both the Education and Training as set forth in Rule III of the Rules Governing Certification (Go to Section III) and work experience and continuing education as set forth in Rule IV of the Rules Governing Certification (Go to Section IV)

- ☐ Education and training as set forth in rule III of the Rules Governing Certification. (Go to Section III)
- ☐ Work experience and continuing education as set forth in rule IV of the Rules Governing Certification. (Go to Section IV)

III. EDUCATION AND TRAINING

Associate, Bachelor, or Juris Doctor Degrees. Please attach a copy of the degree(s) and 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 member of the State Bar of Wisconsin and who performs specifically delegated substantive legal work for which a member of the State Bar of Wisconsin is responsible. In order 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 hours prior to this application. Please complete the following 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: 15 hours of CLE, 3 hours of which are in legal ethics and professional responsibility in the previous 12 months. (Attach certificates of attendance for each program)

Certificate	Course Title	Course Sponsor	Date	CLE/EPR Credits

Continuing Education (continued)

Certificate	Course Title	Course Sponsor	Date	CLE/EPR Credits

IV. 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 am enclosing my check for \$200, which includes a \$125 nonrefundable application fee and my \$75 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

