



P. O. Box 452  
New Lenox, IL 60451-0452  
IPA@ipaonline.org

**ILLINOIS PARALEGAL ASSOCIATION**  
**APPLICATION FOR ILLINOIS ACCREDITED PARALEGAL (ILAP) CREDENTIAL**

NAME: \_\_\_\_\_  
(First) (Middle Init.) (Last)

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

CONTACT NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR CERTIFICATE (please print clearly)

\_\_\_\_\_  
\_\_\_\_\_

**---EMPLOYMENT---**

EMPLOYER: \_\_\_\_\_

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

WORK PHONE NO: \_\_\_\_\_ WORK FAX NO: \_\_\_\_\_

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

EMPLOYER DATES OF EMPLOYMENT: \_\_\_\_\_

APPLICANT'S TITLE: \_\_\_\_\_

ARE YOU A VOTING MEMBER OF IPA? YES \_\_\_\_\_ NO \_\_\_\_\_

(Provide past employer information **ONLY** if employed with current employer less than 5 years. If you have more than one past employer, please attach this information on a separate page.)

PAST EMPLOYER: \_\_\_\_\_

PAST EMPLOYER ADDRESS: \_\_\_\_\_

PAST EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_

PAST EMPLOYER DATES OF EMPLOYMENT: \_\_\_\_\_

TITLE WHEN WORKING FOR PAST EMPLOYER: \_\_\_\_\_

----EDUCATION----

Using the eligibility requirements as stated, please complete those which apply to you:

\_\_\_\_\_ **Master's Degree**

Name of Educational Institution:

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City/State of Institution:

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Area of Study in which Degree was obtained:

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

Name of Educational Institution:

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City/State of Institution:

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Area of Study in which Degree was obtained:

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

Name of Educational Institution:

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City/State of Institution:

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Area of Study in which Degree was obtained:

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\_\_\_\_\_ **Paralegal Certificate**

Name of Educational Institution:

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City/State of Institution:

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**----SUBMISSION----**

**Submit to:**

Illinois Paralegal Association  
P. O. Box 452  
New Lenox, IL 60451-0452  
ATTN: ILAP Accreditation Committee

**Submit with Application:**

- (1) Certified copy of the applicant's official transcript(s) from the educational institution(s) attended **OR** a letter from the educational institution(s) attended indicating the dates of the applicant's attendance and the date of the applicant's graduation **OR** a copy of diploma received by the applicant from the educational institution(s) attended. Registered Paralegals (RP), Certified Legal Assistants (CLA) and Certified Paralegals (CP) or paralegals holding another paralegal credential approved and recognized by the Illinois Paralegal Association, need only submit a copy of their original RP, CP or CLA Certificate and a copy of their current letter/certificate of good standing. Candidates who are making application for Accreditation under Section IV.K. of the Program need not provide documentation relating to educational institutions.
- (2) Declaration(s) from an attorney(s) attesting to the applicant's substantive paralegal work experience. The Declaration(s) must be submitted on the required form. Letters of recommendations will not be accepted as attorney declarations. The total number of attested years of substantive legal experience must meet the minimum number of years in the subsection of the Criteria – Education and Experience Criteria under which the applicant is applying.
- (3) **Check or money order in the amount of \$35.00 made payable to *Illinois Paralegal Association*.**  
**\*\*Please note that this fee is non-refundable.**

**NOTE: Applicant must be a Regular member in good standing of IPA at the time of application. Therefore, an ILAP application CANNOT be submitted simultaneously with an application for membership in IPA.**

**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. YOU WILL RECEIVE YOUR ILAP CERTIFICATE WHEN YOUR APPLICATION HAS BEEN APPROVED. PLEASE ALLOW 60 DAYS FOR THE APPROVAL PROCESS.**

**Please do not submit any CLE-related items at this time. These items should be submitted when the applicant's ILAP credential renewal is due in two years. Please do not include or attach any information or documents beyond the requirements of the application.**

**----ACKNOWLEDGMENT and AFFIRMATION----**

The Applicant understands and acknowledges that it is within the sole discretion of the Illinois Paralegal Association (IPA) to approve an application and bestow the Illinois Accredited Paralegal (ILAP) Credential upon an applicant. The applicant is aware that if the application is denied upon appeal, the applicant may reapply for Accreditation, but must wait six months before reapplication. The Applicant is entitled to appeal the decision through the appeal process established by the IPA. If the applicant is denied, the applicant acknowledges that he or she has no legal rights to take any legal action against the IPA, its members, officers and/or representatives acting on behalf of the IPA with respect to the application process, and/or the denial of the application process and/or the denial of the Accreditation by the IPA.

Further, Applicant understands and acknowledges that if applicant is approved for Accreditation, his or her name will be published on the IPA's website. However, if you do not want your name published on the website or in IPA publications, check here \_\_\_\_\_.

**----AFFIRMATION OF APPLICANT----**

**I have read the IPA's Voluntary Accreditation Plan.**

**I hereby affirm that I have not been convicted of a felony or a crime of moral turpitude, that I am not a disbarred or suspended attorney, and that I have not been engaged in the unauthorized practice of law. Further, I understand that once approved to receive the ILAP credential, I will adhere to and be bound by the standards in the Plan regarding continued Accreditation as a paralegal, IPA's Code of Ethics and the NFPA's Code of Ethics and Professional Responsibility.**

**I hereby affirm that the information contained on this Application is true and accurate to the best of my knowledge and/or on the basis of information and good faith belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**FOR ASSOCIATION USE ONLY:**

\_\_\_\_\_ APPLICATION APPROVED

\_\_\_\_\_ APPLICATION DENIED

REASON FOR DENIAL:

\_\_\_\_\_

\_\_\_\_\_ FEE RECEIVED

\_\_\_\_\_ DATE RECEIVED

RENEWAL DUE DATE: \_\_\_\_\_