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**ILLINOIS ACCREDITED PARALEGAL**  
**APPLICATION FOR RENEWAL**

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

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

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

\_\_\_\_\_

DATE OF ORIGINAL ILAP ACCREDITATION: \_\_\_\_\_

**---EMPLOYER INFORMATION---**

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

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

WORK PHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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

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