

**VIRGINIA ALLIANCE OF PARALEGAL ASSOCIATIONS
PARALEGAL REGISTRATION PROGRAM (VARP™)**

PO Box 537

Warrenton, Virginia 20188

www.vaparalegalalliance.org

varp@vaparalegalalliance.org

FORM A

APPLICATION FOR VIRGINIA REGISTERED PARALEGAL CREDENTIAL

NEW VARP: _____ **or RENEWING VARP:** _____

NAME: _____

HOME ADDRESS: _____

HOME PHONE NO.: _____ CELL PHONE NO.: _____

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

WORK PHONE NO.: _____ WORK FAX NO.: _____

E-MAIL ADDRESS: _____

PREFERRED EMAIL ADDRESS: _____

CURRENT EMPLOYER DATES OF EMPLOYMENT: _____

TITLE: _____

ARE YOU A VOTING MEMBER OF A VAPA MEMBER PARALEGAL
ASSOCIATION OR AREA LIAISON: Yes _____ No _____

VAPA MEMBER ASSOCIATION NAME: _____

(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:

_____ Bachelor's Degree

Name of Educational Institution: _____

Address of Institution: _____

Area of Study in which Degree was obtained: _____

____ Associate's Degree
Name of Educational Institution: _____
Address of Institution: _____
Area of Study in which Degree was obtained: _____

____ Paralegal Certificate (Certificated Paralegal)
Year Attained: _____
Name of Educational Institution: _____
Address of Institution: _____
Was Certificate Program institutionally accredited? Yes _____ No _____

____ Certified Paralegal
Credentials: _____ Year Attained: _____
Name of Paralegal Certification Exam(s): _____
Name of national paralegal association monitoring your credentials: _____

Submit to:

VIRGINIA REGISTERED PARALEGAL PROGRAM
PO Box 537
Warrenton, Virginia 20188
ATT: VARP™ Criteria Committee

Submit with Application:

A. Certified copy of the individual's official transcript(s) from the educational institution(s) attended OR a letter from the educational institution(s) attended stating the dates of the individual's attendance and the date of the individual's graduation OR a copy of the diploma received by the individual from the educational institution(s) attended; and

C. Declaration(s) from an attorney(s) with whom the individual works or has worked attesting to the individual's substantive paralegal work experience (see **Form B** attached). The total number of attested years of substantive paralegal experience must meet the minimum number of years as provided for in the Subsection of the above Criteria under which the individual is applying; and

D. A non-refundable fee of \$35.00 made payable to Virginia Alliance of Paralegal Associations.

E. A completed **Form C** if applying under paragraph IV.I or renewing the VARP™ designation.

F. Certified Paralegals, as defined herein, need only submit a copy of their certificate and a copy of their current letter/certificate of good standing. Candidates who are applying for the VARP™ credential under Section I.J. above need not provide documentation relating to educational institutions or **Form C**.

NOTE: Applicant must be a Voting Member in good standing of a VAPA member paralegal association OR area liaison at the time of application. Therefore, a VARP application CANNOT be submitted simultaneously with an application for membership in a VAPA member paralegal association.

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

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 VARP CERTIFICATE WHEN YOUR APPLICATION HAS BEEN APPROVED. PLEASE ALLOW 45 DAYS FOR THE APPROVAL PROCESS.

AFFIRMATION OF APPLICANT

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 VARP™ credential, I will adhere to and be bound by the American Bar Association Model Code of Professional Responsibility and Model Rules of Professional Conduct as well as any code of ethics of VAPA, my member association, and my national paralegal association.

I hereby affirm that the information contained on this application is true and accurate to the best of my knowledge.

Name

Date