

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

PO Box 537

Warrenton, Virginia 20188

www.vaparalegalalliance.org

varp@vaparalegalalliance.org

**FORM C
CLE REPORTING FORM**

**KEEP TRACK OF YOUR CLE CREDITS AND SUBMIT THIS VERIFICATION
FORM WITH YOUR SUPPORTING DOCUMENTATION.**

Continuing Legal Education (CLE) Requirements for renewing: Complete twelve (12) hours of CLE with two (2) of the twelve (12) hours being in ethics for every two (2) years' renewal.

Continuing Legal Education (CLE) Requirements for applying for Certification under paragraph IV.I. of the VARP Program: six (6) hours of CLE with one (1) of the six (6) hours being in ethics.

Please submit this form **together with the required documentation for each CLE listed hereon and renewal fee.** (Refer to the VARP™ Program to ascertain what programs will satisfy the requirements and how CLE hours are determined.) If necessary, this form can be duplicated.

NAME OF APPLICANT: _____

| Title and Location of CLE | Credentialing Authority | Date CLE Held | Number of CLE Credits Received |
|--------------------------------------|------------------------------------|----------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |

| Title and Location of CLE | Credentialing Authority | Date CLE Held | Number of CLE Credits Received |
|---------------------------|-------------------------|---------------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

By signing this form, I certify that the information contained herein is true and correct to the best of my knowledge.

Name

Date