

Main Address  
P. O. Box 1362  
Wilmington, Delaware 19899-1362



P. O. Box 299  
Dover, Delaware 19903-0299

info@deparalegals.org  
www.deparalegals.org

**DELAWARE PARALEGAL ASSOCIATION**  
**APPLICATION FOR DELAWARE CERTIFIED PARALEGAL CREDENTIAL**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_

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

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

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

E-MAIL ADDRESS: \_\_\_\_\_

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

TITLE: \_\_\_\_\_

ARE YOU A FULL MEMBER OF DPA? 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 NO.: \_\_\_\_\_

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 Institute: \_\_\_\_\_

Address of Institute: \_\_\_\_\_

Area of Study in which Degree Obtained: \_\_\_\_\_

\_\_\_\_\_ Associates Degree

Name of Educational Institute: \_\_\_\_\_

Address of Institute: \_\_\_\_\_

Area of Study in which Degree Obtained: \_\_\_\_\_

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

Name of Educational Institute: \_\_\_\_\_

Address of Institute: \_\_\_\_\_

Was Certificate Program ABA-Approved? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

List all law-related organizations for which you volunteer or with which you are associated:

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Submit To:

Delaware Paralegal Association  
Attn: DCP Committee  
P. O. Box 1362  
Wilmington, DE 19899

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 (RPs) and Certified Legal Assistants (CLAs) need only submit a copy of their original RP or CLA certificate and a copy of their current letter/certificate of good standing. Candidates who are making application for certification under Section I.E. 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 number of years of work experience attested to in the attorney declaration(s) should correspond to the subsection of the Education and Experience Criteria under which the applicant is applying.

(3) Check or money order in the amount of \$20 made payable to *Delaware Paralegal Association*. If the application is rejected, the fee will be returned to the applicant.

**NOTE: A DCP applicant must be a Full member in good standing of DPA at the time of application. Therefore, a DCP application CANNOT be submitted simultaneously with an application for membership in DPA.**

Please do not submit any CLE-related items at this time. These items should be submitted when the applicant's DCP 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 DCP CERTIFICATE WHEN YOUR APPLICATION HAS BEEN APPROVED. PLEASE ALLOW 30 DAYS FOR THE APPROVAL PROCESS. IF YOUR APPLICATION IS SUBMITTED DURING THE TRANSITION FROM ONE FISCAL YEAR TO THE NEXT (BETWEEN JUNE 1 AND JULY 31), THE PROCESSING OF YOUR APPLICATION MAY BE DELAYED.**

**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 DCP credential, I will adhere to and be bound by the DPA's "Code of Ethics and Professional Responsibility for Delaware Paralegals."

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

\_\_\_\_\_

Date

Signature

<b><u>FOR ASSOCIATION USE ONLY:</u></b>		
<input type="checkbox"/> APPLICATION APPROVED	<input type="checkbox"/> APPLICATION DENIED	
REASON FOR DENIAL: _____		
_____		
<input type="checkbox"/> FEE RECEIVED	DATE RECEIVED: _____	CHECK #: _____
RENEWAL DUE DATE: _____		

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**DELAWARE PARALEGAL ASSOCIATION  
ATTORNEY DECLARATION FOR  
DELAWARE CERTIFIED PARALEGAL CREDENTIAL**

I, \_\_\_\_\_ declare as follows:

1. I am an attorney admitted to the State Bar of \_\_\_\_\_.
2. That I am personally acquainted with \_\_\_\_\_.
3. That the majority of the applicant's duties that were performed while in my or my firm's/company's employ during the period \_\_\_\_\_ to \_\_\_\_\_ consisted of substantive legal work, defined by DPA as those tasks requiring substantive legal knowledge or legal work requiring recognition, evaluation, organization, analysis and/or communication of relevant facts and legal concepts, and that would otherwise by law, rule or ethics be performed by an attorney.
4. That the above statements are true and correct to the best of my knowledge, information and belief.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

[Additional copies of the Attorney Declaration to cover the work experience requirements may be submitted as needed. The number of years of work experience attested to in the attorney declaration(s) should correspond to the subsection of the Education and Experience Criteria under which you are applying.]