

IDAHO ASSOCIATION OF PARALEGALS, INC.

APPLICATION FOR CHANGE OF STATUS

The Idaho Association of Paralegals, Inc. (IAP) adopts the American Bar Association definition of a Paralegal, which is:

A legal assistant or paralegal is a person qualified by education, training or work experience who is employed or retained by a lawyer, law office, corporation, governmental agency or other entity and who performs specifically delegated substantive legal work for which a lawyer is responsible.

Change of membership categories are as follows:

- Change from Active-Status-Pending to Active Status
- Change from Student to Active-Status-Pending
- Change from Student to Active
- Change from Active to Retired

No fees are required for change of status. All applicable verification materials must be included with your application. If transcripts and diplomas were submitted previously with your application, you do not need to submit them now. Please submit your current job description and résumé. Applications to change from active status to retired status do not need to submit any materials. Please check below the verification materials you have enclosed. **Applications will not be considered without all applicable supporting documentation.**

- Résumé (including telephone numbers for employment verification)
- Current Complete Job Description
- Certificate or other verification of completion of Paralegal studies
- Copies of transcripts of college and paralegal schools
- Copies of certificates or diplomas of college completion
- CLA / CLAS verification from NALA
- RP verification from NFPA

Please mail completed applications with verification materials to IAP, Attention Membership, P.O. Box 1254, Boise, ID 83701. If you have any questions regarding the change of status procedures, please contact an IAP representative or the Vice President of Membership, Lori Peel at (208) 334-4157 (M-F, 7:30 a.m. – 4:30 p.m. MT).

NAME _____

DATE _____

CRITERIA FOR ACTIVE MEMBERSHIP

Only Active members of this Association may vote and hold office. Active membership is open to any individual who meets the following qualifications (check each requirement under which you qualify for Active status and calculate the point value as described below). All Active Status Pending and Active member applicants should complete this form.

Minimum Six Point Requirement for Active Membership

Applicants must exhibit a minimum of six (6) points for active membership combining both education and work experience (a maximum of five points may be applied in either education or work experience in meeting the criteria). Points are calculated in the following manner:

Criteria	Points	Your Calculation
<input type="checkbox"/> Graduate Degree	5	_____
<input type="checkbox"/> Bachelor's Degree	4	_____
<input type="checkbox"/> *ABA Approved Paralegal Program	3	_____
<input type="checkbox"/> Associate Degree in Paralegal Studies	2	_____
<input type="checkbox"/> *Non-ABA Approved Paralegal Program	2	_____
<input type="checkbox"/> CLAS Designation	2	_____
<input type="checkbox"/> Associate Degree	1	_____
<input type="checkbox"/> 2 years college, no degree	1	_____
<input type="checkbox"/> CLA or RP Designation	1	_____
<input type="checkbox"/> Work Experience as a Paralegal	1 point per year, maximum 5 pts	_____
TOTAL POINTS		_____

(Total points must equal at least 6 points for active membership. No more than 5 points may be accumulated through education or work experience alone, thus requiring a combination of both.)

- For example, one could combine an Associate Degree (2 pts) with an ABA Accredited Paralegal Program (3 pts) for a total of five (5) points, and have one (1) year's experience as a paralegal to meet the six point requirement. One could not combine 2 years of college (1 pt) with a bachelor's degree (4 pts) for a total of five (5) points because the 2 years of college were a prerequisite to the bachelor's degree. If one combined a bachelor's degree (4 pts) with an ABA Accredited Paralegal Program (3 pts) or an Unaccredited Paralegal Program (2 pts) for a total of 7 pts and 6 pts, respectively, the total accumulated points counting towards the six point requirement could not exceed five (5) points, leaving a requirement of one year's experience as a paralegal.
- **Applicants must currently be employed as a paralegal by a practicing member in good standing of the Idaho State Bar in order to qualify for Active Membership.**
- *An ABA Approved Paralegal Program or a Non-ABA Approved Paralegal Program as set forth above shall consists of a minimum of sixty (60) semester (or equivalent quarter)** hours of which at least fifteen (15) semester hours (or equivalent quarter hours)*** are substantive legal courses.
 - ** Nine Hundred (900) clock hours of a paralegal program will be considered equivalent to sixty (60) semester hours; Ninety (90) quarter hours of a paralegal program will be considered equivalent to sixty (60) semester hours.
 - *** Two Hundred twenty-five (225) clock hours of substantive legal courses will be considered equivalent to fifteen (15) semester hours; Twenty-two and one-half (22½) quarter hours of legal courses will be considered equivalent to fifteen (15) semester hours.

Note: If applying under Active Status, a complete application will include verification of standards under which you are applying. For example, training standards must be verified by attaching school transcripts; CLA criteria must be verified by attaching notification from NALA, etc.

To be Completed by All Applicants for Active Status Membership:

Name _____

Home Address _____

Employer _____

Work (Mailing) Address _____

Where would you like your IAP mail to be sent? Home Work

Office Phone: _____

Home Phone: _____

Fax Number: _____ (please indicate if home or work)

E-Mail Address: _____ (please indicate if home or work)

How long employed in current position? _____

Total years legal experience: _____

Total years paralegal experience: _____

Formal/special education or training for present position (Name/Address of School): _____

Date of Paralegal Program Graduation: _____ ABA Approved? _____

Specialty (if applicable): _____ If CLA/CLAS/RP, date certified: _____

Check the most appropriate description of your employer(s): legal department; non-profit organization; judicial agency; government; corporate legal department; private law office consisting of _____ number of attorneys, _____ number of paralegals, _____ number of nonlegal personnel.

Current professional or business organization memberships:

In accordance with Article XIII, Section 1(c) of the Bylaws of this Association, individuals who have been convicted of a felony are not eligible for membership in this Association.

I agree to be bound by the Code of Ethics and Professional Responsibility and the bylaws as adopted by the Idaho Association of Paralegals. I further understand that this application is subject to approval.

Date: _____ Signature: _____

To be Completed by All Applicants for Active Status Pending Membership:

Active-Status-Pending membership is granted on a limited basis and for a one-year term only under the following conditions: (1) an individual employed as a paralegal in Idaho who does not meet the requirement for Active Status only because they do not meet the 6-point criteria for lack of work experience; or (2) a paralegal qualified for Active Status who is relocating from another state and has not yet secured employment in Idaho as a paralegal. Applicants for Active Status Pending must complete the point calculation on page 2 of the application, state which condition listed above is qualifying them for Active Status Pending membership, and submit all applicable verification materials required on page 1 of the application.

Name _____

Home Address _____

Employer _____

Work (Mailing) Address _____

Where would you like your IAP mail to be sent? Home Work

Office Phone: _____

Home Phone: _____

Fax Number: _____ (please indicate if home or work)

E-Mail Address: _____ (please indicate if home or work)

How long employed in current position? _____

Total years legal experience: _____

Total years paralegal experience: _____

Formal/special education or training for present position (Name/Address of School): _____

Date of Paralegal Program Graduation: _____ ABA Approved? _____

Specialty (if applicable): _____ If CLA/CLAS/RP, date certified: _____

Check the most appropriate description of your employer(s): legal department; non-profit organization; judicial agency; government; corporate legal department; private law office consisting of _____ number of attorneys, _____ number of paralegals, _____ number of nonlegal personnel.

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Date: _____ Signature: _____