

APPLICATION FOR RESTORATION OF CERTIFICATION

1. APPLICANT INFORMATION

First Name	Middle	Last Name	*Previous Name
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Home Address	City/State/Zip
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Home/Mobile Phone (Area Code, Number)	Date of Birth
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E-Mail Address(es)

2. CURRENT EMPLOYMENT

Current Employer	Title/Position
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Current Employer's Address	City/State/Zip
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Business Telephone Number (Area Code)	Fax (Area Code, Number)
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E-Mail Address(es)

3. CKP DESIGNATION INFORMATION

Please indicate below whether your certification was revoked or voluntarily withdrawn. Check one:

____ Revocation (CKP designation was revoked)

____ Voluntary Withdrawal (Voluntarily withdrew from certification)

Calendar year CKP designation was originally obtained: _____

Calendar year CKP designation was revoked/withdrawn: _____

4. CLE CREDIT REQUIREMENTS

If certification was revoked, see Section A. If certification was voluntarily withdrawn, see Section B.

A. CLE CREDITS FOR REVOKED CERTIFICATION

If certification was revoked, you must attach proof of completion of all delinquent CLE credits and the minimum required CLE credits due for each calendar year during the period of suspension and revocation as set out in Section 9.01 of the Kentucky Paralegal Association Professional Standards and Certification Program policy, on the KPACC Approved Continuing Legal Education (CLE) Certificate of Attendance Form(s) with supporting documentation. In no case shall a former CKP be required to earn more than forty (40) CLE credits, including applicable ethics credits, as a condition precedent to restoration of certification.

Please fill in the blanks below:

My revocation of certification has prevailed for calendar years _____ through _____. I have enclosed a Continuing Legal Education (CLE) Certificate of Attendance Form(s) with supporting documentation evidencing proof of completion of the required total of _____ Non-Ethics Credits and _____ Ethics Credits.

B. CLE CREDITS FOR VOLUNTARILY WITHDRAWN CERTIFICATION

If certification was voluntarily withdrawn, you must attach proof of completion of a minimum of eight (8) CLE Credits of KPACC approved CLE Activity earned during the previous twelve (12) months, which must include two (2) CLE Ethics Credits, on the KPACC approved Continuing Legal Education (CLE) Certificate of Attendance Form (s) with supporting documentation. These credits shall apply as a condition for restoration only and shall not be credited to the yearly requirements set out under Section 9.01 of the Kentucky Paralegal Association Professional Standards and Certification Program policy.

Please fill in the blank below:

I have enclosed Continuing Legal Education (CLE) Certificate of Attendance Form (s) and supporting documentation evidencing proof of completion of a total of _____ Non-Ethics Credits and _____ Ethics Credits earned during the previous 12 months.

5. KPA MEMBERSHIP AND DUES REQUIREMENTS

If certification was revoked, see Section A. If certification was voluntarily withdrawn, see Section B.

A. MEMBERSHIP & DUES REQUIREMENTS FOR REVOKED CERTIFICATION

A current KPA Membership Application must accompany this Application for CKP Restoration. Additionally, all applicable unpaid KPA dues for each calendar year during the period of suspension and revocation must be provided.

Please fill in the blanks below:

My revocation of certification has prevailed for calendar years _____ through _____. I have enclosed a completed KPA Membership Application and a check that includes payment of KPA dues in the required total amount of \$_____ for the KPA membership years _____. (\$50 for each year multiplied by number of years).

B. MEMBERSHIP & DUES REQUIREMENTS FOR VOLUNTARILY WITHDRAWN CERTIFICATION

A current KPA Membership Application must accompany this Application for CKP Restoration. Additionally, applicable KPA dues must be provided.

Please fill in the blank below:

I have enclosed a completed KPA Membership Application and a check for payment of the applicable KPA membership dues in the amount of \$50 for the membership year _____.

6. RE-ADMINISTRATION OF CKP EXAM FOR REVOCATION OR VOLUNTARY WITHDRAWAL PREVAILING THREE YEARS OR LONGER

In the event your revocation or voluntary withdrawal from certification has prevailed for three (3) years or longer, you are required under the Kentucky Paralegal Association Professional Standards and Certification Program to successfully complete a re-administration of the CKP Examination under all terms set out under Section 7: Applying to Take the Certified Kentucky Paralegal Exam, and Section 8; Administration of Exam. The KPACC will review this Application and supporting documentation and notify you of approval, or declination of approval, to apply for re-administration of the CKP examination.

Please fill in the blank below as applicable:

_____ My revocation or voluntary withdrawal of certification has prevailed for _____ years and I am not required to successfully complete a re-administration of the CKP Examination.

_____ My revocation or voluntary withdrawal of certification has prevailed for _____ years and I am required to successfully complete a re-administration of the CKP Examination. I have enclosed an Application for Certified Kentucky Paralegal Examination and a check that includes payment of required \$100 CKP Application fee.

7. RESTORATION APPLICATION FEE - \$50.00

This Application must include a restoration application fee of \$50.00.

8. ADDITIONAL CONDITIONS

Under Section 11.03 of the Kentucky Paralegal Association Professional Standards and Certification Program policy, certification for a former CKP whose certification has been revoked under Section 5.05 and/or Section 9.01, or voluntarily withdrawn under Section 12, shall not be restored if the former CKP has pending disciplinary proceedings under Section 15.

Section 11.04 of the policy provides that certification for a former CKP whose certification has been revoked under Section 5.05 and/or Section 9.01, or voluntarily withdrawn under Section 12, shall not be restored if the former CKP does not currently meet all Qualifications for Certified Kentucky Paralegal Status as set out under Section 5.

9. APPLICANTS' SIGNATURE

I CERTIFY THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I VOLUNTARILY AGREE, UPON RESTORATION OF CERTIFICATION, TO COMPLY WITH THE KPA PARALEGAL PROFESSIONAL STANDARDS OF CONDUCT AND DISCIPLINARY PROCEDURES, INCLUDING ANY INVESTIGATORY PROCESS. I ALSO ACKNOWLEDGE THAT I HAVE REVIEWED THE EXISTING KENTUCKY PARALEGAL ASSOCIATION PROFESSIONAL STANDARDS AND CERTIFICATION PROGRAM POLICY PERTAINING TO RESTORATION AND FURTHER AGREE, UPON RESTORATION OF CERTIFICATION, TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY.

SIGNATURE: _____

COMMONWEALTH OF KENTUCKY)

COUNTY OF)

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC, STATE AT LARGE

My Commission Expires: _____.

SUMMARY OF REQUIRED DOCUMENTATION AND FEES ENCLOSED

Please check applicable enclosures:

- _____ KPACC Approved Continuing Legal Education (CLE) Certificate of Attendance Form(s) and documentation showing proof of completion of all delinquent CLE credits and/or the minimum required CLE credits due for each calendar year during the period of suspension and revocation or voluntary withdrawal.
- _____ Current KPA Membership Application.
- _____ Check including payment of all required KPA dues (\$50 per year) made payable to the Kentucky Paralegal Association.
- _____ KPACC Approved Continuing Legal Education (CLE) Certificate of Attendance Form(s) and documentation showing proof of completion of all delinquent CLE credits and/or the minimum required CLE credits due for each calendar year during the period of suspension and revocation or voluntary withdrawal.
- _____ Completed Application for Certified Kentucky Paralegal Examination.
- _____ Check for payment of the required \$100 CKP Application fee made payable to CKPP, Inc.
- _____ Check including Restoration Application fee of fifty dollars (\$50) made payable to the Kentucky Paralegal Association.

INSTRUCTIONS FOR MAILING:

Please forward this Application for CKP Restoration, along with all other applicable applications and fees, to the address below:

Kentucky Paralegal Association
Attn: KPACC Chair
P.O. Box 2765
Louisville, KY 40201-2675