



American Association for Paralegal Education

19 Mantua Road Mt. Royal, New Jersey 08061
Telephone: 856-423-2829 Fax: 856-423-3420

MEMBERSHIP APPLICATION

Please check the membership status for which you are applying:

- Institutional Associate Affiliate

Please complete this form in its entirety and submit with calendar year dues. See Section IV for details.

Name of School/Institution: _____
Name of Program Director: _____
Contact Person (person to receive AAfPE mail if other than Director): _____
Name of Program: _____
Address: _____
City/State/Zip Code: _____
Telephone: _____ Fax: _____
E-mail: _____ Website Address: _____

SECTION I

The information from this section will appear in the next AAfPE Membership Directory.

DEPARTMENT: _____

ABA APPROVED: Yes Year Initially Approved _____ Most Recent Year Re-approved (if applicable) _____
 No

DEGREES or CERTIFICATES:

- Associate Degree Type: _____ (i.e., APS, AAB, ATA, AAA, AS, AA)
- Baccalaureate Degree Type: _____ (i.e., BA, BS)
- Masters Degree Type: _____ (i.e., MA, MS)
- Post-Baccalaureate Certificate Type: _____ (i.e., continuing Education of Credit)
- Other Certificate Other: _____

YEAR PROGRAM BEGAN: _____ **GRADUATES TO DATE:** _____ **CURRENT ENROLLMENT:** _____

TYPE OF INSTITUTION:

- Public Community or Junior College Public College or University Non-Profit College or University Proprietary School

SUMMARY OF CURRICULUM:

Total number of courses: _____

How many units of *paralegal courses* are required for a student to earn a Baccalaureate degree?

Semester units _____ Quarter units _____ Clock hours _____

How many units of *paralegal courses* are required for a student to earn an Associate degree?

Semester units _____ Quarter units _____ Clock hours _____

How many units of *paralegal courses* are required for a student to earn a Masters degree?

Semester units _____ Quarter units _____ Clock hours _____

How many units of *paralegal courses* are required for a student to earn a certificate?

Semester units _____ Quarter units _____ Clock hours _____

Is evidence of a degree required before a certificate will be awarded by your program? Yes No

If "Yes" what degree is required? _____

How many units of *general education* are required for a student to earn a Baccalaureate degree?

Semester units _____ Quarter units _____ Clock hours _____

How many units of *general education* are required for a student to earn an Associate degree?

Semester units _____ Quarter units _____ Clock hours _____

How many units of *general education* are required for a student to earn a Masters degree?

Semester units _____ Quarter units _____ Clock hours _____

How many units of *general education* are required for a student to earn a degree/certificate?

Semester units _____ Quarter units _____ Clock hours _____ Degree Required for Admission _____

When are courses offered (check *all* that apply): Evening Day Other

Calendar: Semester Quarter Trimester Other

Program may be taken: Part-time Full-time Both

Is the paralegal program offered for: Academic Credit Continuing Education Both

Is distance learning available for your legal specialty courses? Yes No

If "Yes" list the courses offered by distance education and the mode of delivery: _____

Is your institution accredited by a nationally recognized accreditation association? Yes No

If "Yes" which association? _____

PROGRAM DIRECTOR/FACULTY INFORMATION:

TYPE	FULL-TIME	PART-TIME
Attorney		
Paralegal		
Educator		
Other		

Program Director: Title: _____ Degrees: _____

In paralegal education since (year) _____ Does the director teach in the program? Yes No

The position is: Full-time Part-time

ADMISSIONS:

What is the minimum admission requirement for your program?

- High school diploma Associate degree Baccalaureate degree
 Some prior college work (number of units _____) Examination (if standardized, which one? _____)
 Work experience SAT/ACT score Other (specify: _____)

LIBRARY:

Indicate the kind of library facilities available to students:

- Full law library on campus County or bar library
 Section of general library Library specifically for paralegal students

Students have access to:

- Westlaw Lexis CD-ROM Legal Research Internet Research

STUDENT SERVICES AND ACTIVITIES:

Indicate which services/activities are available:

- Orientation Admissions counseling Academic counseling Program/registration counseling
 Placement service Psychological counseling Health services Student government
 Alumni association Financial aid Internships
 Student honor/academic organizations/activities Student social organizations/activities Other: _____

SECTION II

The information in this section will not appear in the Directory. It will be used by the Membership Committee to verify that a member continues to meet all the requirements of membership. THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY.

Does your paralegal program have an advisory committee specifically for your program? Yes No

Composition of advisory committee: Number of attorneys: _____ Number of paralegals: _____

Others: _____ (specify) _____

**SECTION III
CURRICULUM**

Please list your curriculum here. THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY.

	<u>Required</u>	<u>Elective</u>		<u>Required</u>	<u>Elective</u>
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	Income Tax	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Law	<input type="checkbox"/>	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Appellate Practice	<input type="checkbox"/>	<input type="checkbox"/>	International Law	<input type="checkbox"/>	<input type="checkbox"/>
Bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>	Internship	<input type="checkbox"/>	<input type="checkbox"/>
Business Law	<input type="checkbox"/>	<input type="checkbox"/>	Interviewing and Investigation	<input type="checkbox"/>	<input type="checkbox"/>
Business Organizations/Corporate Law	<input type="checkbox"/>	<input type="checkbox"/>	Introductory Paralegal Course	<input type="checkbox"/>	<input type="checkbox"/>
Computers in the Law	<input type="checkbox"/>	<input type="checkbox"/>	Labor Law	<input type="checkbox"/>	<input type="checkbox"/>
Computer Assisted Legal Research	<input type="checkbox"/>	<input type="checkbox"/>	Law Office Management	<input type="checkbox"/>	<input type="checkbox"/>
Constitutional Law/Civil Rights	<input type="checkbox"/>	<input type="checkbox"/>	Legal Ethics	<input type="checkbox"/>	<input type="checkbox"/>
Contracts	<input type="checkbox"/>	<input type="checkbox"/>	Legal Research/Writing	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Law and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	Litigation/Civil Procedure	<input type="checkbox"/>	<input type="checkbox"/>
Education Law	<input type="checkbox"/>	<input type="checkbox"/>	Oil, Gas, Mineral Rights Law	<input type="checkbox"/>	<input type="checkbox"/>
Elder Law	<input type="checkbox"/>	<input type="checkbox"/>	Patents, Trademarks, Copyrights	<input type="checkbox"/>	<input type="checkbox"/>
Employment Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	Pension, Retirement Law	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment Law	<input type="checkbox"/>	<input type="checkbox"/>	Probate	<input type="checkbox"/>	<input type="checkbox"/>
Environmental law	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate/Property Law	<input type="checkbox"/>	<input type="checkbox"/>
Evidence	<input type="checkbox"/>	<input type="checkbox"/>	Torts	<input type="checkbox"/>	<input type="checkbox"/>
Family Law/Domestic Relations	<input type="checkbox"/>	<input type="checkbox"/>	Welfare Law	<input type="checkbox"/>	<input type="checkbox"/>
History of Law/American Legal System	<input type="checkbox"/>	<input type="checkbox"/>	Wills, Trusts, Estate Planning	<input type="checkbox"/>	<input type="checkbox"/>
Immigration Law	<input type="checkbox"/>	<input type="checkbox"/>	Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____					

Does your institution have a policy regarding equal opportunity with discrimination or segregation on the grounds of race, color, religion, national origin or gender? Yes No

How much release time is granted to the program director? _____

What are the qualifications for instructors in your program?

- Mandatory degree requirements Paralegal or experience working with paralegals
 Previous teaching experience Substantial professional knowledge in legal specialty field

Do the facilities include: (*check all applicable*)

- Classrooms Office space Counseling facilities
 Staff offices Faculty offices Director's office
 Computer lab Other: _____

Are there adequate funds allocated for the operation of the paralegal program? Yes No

What types of program evaluations do you perform on a regular basis?

- Student evaluations of faculty
 Program evaluations: by students by graduates by faculty by employers
 Other (specify): _____

WAIVER – An Institutional Member may request a waiver of a particular membership requirement by submitting a written request and giving reasons for such request. This request is then reviewed by the Membership Committee. Please attach a written waiver request to this form.

VOTING CLASSIFICATION:

Check one. Although a program may offer more than one degree and/or certificate, for voting purposes, the program will be listed only in one of the following categories.

- Associate Degree Program Baccalaureate Degree Program Certificate Program

**SECTION IV
ATTESTATION**

I hereby affirm that the educational institution represented in this form promotes high academic standards while developing legal knowledge and practical skills appropriate for at least entry-level paralegals/legal assistants; and that it monitors the responsibilities and competencies expected of paralegal practitioners on an on-going basis and periodically incorporate them into the curriculum.

I further understand that a member has an obligation to notify AAFPE immediately of any substantial changes in its program.

I hereby affirm that the information contained in this form is true and correct to the best of my knowledge and belief, and may be relied upon by the American Association for Paralegal Education.

Date: _____
Signature of Program Director

DUES PAYMENT Please submit this application with your dues payment. Refer to the dues rate card or visit the website at www.aafpe.org for current rates.

Form of payment: Check Visa MasterCard AMEX

Credit Card # _____ Expiration Date: _____ Full Name on Card: _____

Your signature on this application constitutes permission to process your credit card.

Contributions or gifts to the Association are not deductible as charitable contributions for Federal income tax purposes. Dues payments are deductible by members as an ordinary and necessary business expense.