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8159 East 41st Street, Tulsa, Oklahoma 74145

Call: 918-582-5188 | Fax: 918-582-5907

Email: cert-edu@NALS.org | NALS.org



Accredited Legal Professional (ALP) Examination Application

☐ FULLEXAM ☐ RETAKE

Indicate parts to be retaken:

- ☐ Part 1
☐ Part 2
☐ Part 3

TESTING PERIOD:

- ☐ March, Spring Semester
☐ May, Spring Semester
☐ September, Fall Semester
☐ December, Fall Semester

Test Date Preferred: ____/____/____

PREFERRED TESTING LOCATION:

List your preferred location or exam administrator.

(Address)

(City, State)

(Exam Administrator)

First Name _____ Middle Initial _____

Last Name _____

Address _____

City _____ State _____

ZIP _____

Phone _____

Email _____

- ☐ NALS Member Number _____
☐ Member of the Military
☐ Student

Organization _____

Instructor's Name _____

Class Name _____

Address _____

City _____

State _____ ZIP _____

INSTRUCTOR NOTIFICATION:

NALS will notify my *instructor* of my exam results.

REQUIREMENTS:

You must meet one of the following requirements to sit for the ALP examination. Please check the requirement you meet.

AT THE TIME I SIT FOR THE EXAMINATION, I WILL:

- ☐ Have completed an accredited business/legal course
- ☐ Have completed a NALS Legal Training Course (LTC)
- ☐ Have one year of general office experience

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE ACCEPTED

I certify that I have read and understand the regulations concerning the ALP examination, that the information supplied is correct, and that I am responsible for submitting information to keep my file current. NALS reserves the right to obtain verification of information provided in this application. I understand and agree that all examination materials, answers, and scores are the exclusive property of NALS. I agree that NALS may, in its discretion, release information about the test scores to researchers selected by NALS to study testing issues for the NALS certification programs under appropriate confidentiality established by NALS.

Aside from such research purposes, I have identified on this application those persons who may have access to my results. Submission of this application means the applicant is subject to the policies established by the NALS Certifying Board. Providing false information may result in my forfeiture of the right to sit for the ALP exam or the revocation of my NALS ALP designation upon successful completion of the examination.

Signature

Date

Applicants needing special accommodation(s) should submit a written request for special arrangements with this application.