IDAHO ASSOCIATION OF PARALEGALS, INC.

APPLICATION FOR MEMBERSHIP

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.

MEMBERSHIP CATEGORIES AND THE APPLICATION FEES ASSESSED UNDER EACH CATEGORY (THE TOTAL SHOWN INCLUDES ANNUAL DUES PLUS A $10.00 ADMINISTRATIVE FEE) ARE AS FOLLOWS:

- **Active**: $50.00
- **Student**: $35.00
- **Active Status Pending**: $45.00
- **Supporting**: $85.00

Please see attached criteria for what category you may apply under. All applicable verification materials must be included with your application. Please check below the verification materials you have enclosed. Please note, if you are a contract/free-lance paralegal, a letter of reference from an attorney you have done work for is required. Applications will not be considered without all applicable supporting documentation as noted below.

- Résumé (including telephone numbers for employment verification) (Active/Active Status Pending)
- Current Complete Job Description (Active/Active Status Pending)
- Certificate or other verification of completion of Paralegal studies (Active/Active Status Pending)
- Copies of official transcripts of college and paralegal schools (Active/Active Status Pending)
- Copies of certificates or diplomas of college completion (Active/Active Status Pending)
- CLA/CLAS verification from NALA (if applicable)
- RP verification from NFPA (if applicable)
- School Attestation (for student membership only)
- Letter of Reference from member of the Idaho State Bar (for free-lance applicants only)

Please mail completed applications with verification materials to IAP, Attention Membership, PO Box 1254, Boise, ID 83701. If you have any questions regarding the application or membership, please contact an IAP representative or the Vice President of Membership at membership@idahoparalegals.org.

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):

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:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
<th>Your Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Degree</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Bachelor's Degree</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>*ABA Approved Paralegal Program</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Associate Degree in Paralegal Studies</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>*Non-ABA Approved Paralegal Program</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CLAS Designation</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Associate Degree</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2 years college, no degree</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CLA or RP Designation</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Work Experience as a Paralegal</td>
<td>1 point per year</td>
<td>maximum 5 pts</td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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 a State Bar Association 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 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; ☐ 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 lack one full year 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; or (3) graduates of an ABA-approved paralegal program, but who have either not secured employment in Idaho as a paralegal or who have not acquired enough work experience to be accepted as an Active member. 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 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; □ corporate legal department; □ private law office consisting of _____ number of attorneys, _____ number of paralegals, _____ number of nonlegal personnel.

Current professional or business organization memberships:

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Date: __________________ Signature: __________________
To be Completed by All Applicants for Student Membership:

Applicants for Student Membership shall be currently enrolled in a course of studies prescribed for training as a paralegal as described on Page 2 of the application. Any student member in good standing may apply for active membership upon qualifying under the standards set forth herein. It is the responsibility of the member seeking to change membership status to submit a Change of Membership Status Application. Applicants for Student Membership are required to submit a completed School Attestation form attached as page 6 of this application.

ALL STUDENT APPLICANTS MUST SUBMIT THE COMPLETED SCHOOL ATTESTATION ON PAGE 6:

Name

Home Address

Employer

Work 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)

School currently attending: __________________________

Length of paralegal training program:

□ Less than one year
□ 2-year certificate program
□ Associate degree program
□ 4-year degree program
□ Correspondence course

Please attach program brochure/curriculum.

Expected graduation date: __________________________

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Date: __________________________ Signature: __________________________
SCHOOL ATTESTATION

(To Be Submitted By All Applicants For Student Membership)

To be completed by school program director:

I hereby attest that ____________________________ is currently enrolled in the Paralegal program at this school and that the program complies with the criteria for paralegal training programs as set forth in the Standards for Active Membership, Page 2.

Name________________________________________

Title________________________________________

School________________________________________

Address______________________________________

City_________________________ State_____________ Zip___________

Title of Program______________________________

Is this program: ☐ ABA-approved ☐ ABA-approval pending ☐ not ABA-approved

Requirements for Graduation (you must attach a copy of the program curriculum): __________________________

________________________________________

________________________________________

Date: ______________ Signature: __________________________

Title: ______________ Printed Name: __________________________
To be Completed by All Applicants for Supporting Membership:

Supporting membership is open to any individual who meets at least one of the following qualifications (check all that apply):

☐ A member in good standing of a bar association.

☐ A paralegal educator in a program of training for paralegals which complies with the criteria for active membership. (Please provide information on educational program.)

Name ___________________________________________ Office Phone __________________________

Mailing Address _________________________________________________________________________

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: ____________________________________________

Application Revised 01/14/13
CODE OF ETHICS
AND
PROFESSIONAL RESPONSIBILITY OF
THE IDAHO ASSOCIATION OF PARALEGALS

It is the responsibility of every paralegal to adhere strictly to the accepted standards of legal ethics and to live by general principles of proper conduct. The performance of the duties of the paralegal shall be governed by specific canons as defined herein in order that justice will be served and the goals of the profession attained.

The canons of ethics set forth hereafter are adopted by the Idaho Association of Paralegals as a general guide, and the enumeration of these rules does not mean there are not others of equal importance although not specifically mentioned.

Canon 1- A paralegal shall not perform any of the duties that lawyers only may perform nor do things that lawyers themselves may not do.

Canon 2- A paralegal may perform any task delegated and supervised by a lawyer so long as the lawyer is responsible to the client, maintains a direct relationship with the client, and assumes full professional responsibility for the work product.

Canon 3- A paralegal shall not engage in the practice of law by accepting cases, setting fees, giving legal advice or appearing in court (unless otherwise authorized by court or agency rules).

Canon 4- A paralegal shall not act in matters involving professional legal judgment as the services of a lawyer are essential in the public interest whenever the exercise of such judgment is required.

Canon 5- A paralegal must act prudently in determining the extent to which a client may be assisted without the presence of a lawyer.

Canon 6- A paralegal shall not engage in the unauthorized practice of law and shall assist in preventing the unauthorized practice of law.

Canon 7- A paralegal must protect the confidences of a client, and it shall be unethical for a paralegal to violate any statute now in effect or hereafter to be enacted controlling privileged communications.

Canon 8- It is the obligation of the paralegal to avoid conduct which would cause the lawyer to be unethical or even appear to be unethical, and loyalty to the employer is incumbent upon the paralegal.

Canon 9- A paralegal shall work continually to maintain integrity and a high degree of competency throughout the legal profession.

Canon 10- A paralegal shall strive for perfection through education in order to better assist the legal profession in fulfilling its duty of making legal services available to clients and the public.

Canon 11- A paralegal shall do all other things incidental, necessary, or expedient for the attainment of the ethics and responsibilities imposed by statute or rule of court.

Canon 12- A paralegal is governed by the American Bar Association Code of Professional Responsibility.

(Adopted August 1993)