



Idaho Association of PARALEGALS

Professionalism • Education • Growth

Affiliate of the National Federation of Paralegal Associations, Inc. (NFPA®)

P.O. Box 1254
Boise, Idaho 83701
www.idahoparalegals.org

APPLICATION FOR MEMBERSHIP

THE IDAHO ASSOCIATION OF PARALEGALS, INC. (IAP) ADOPTS THE AMERICAN BAR ASSOCIATION DEFINITION OF A PARALEGAL, WHICH IS:

A 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 ARE AS FOLLOWS (NOTE: THE TOTAL SHOWN FOR ACTIVE AND ACTIVE STATUS PENDING MEMBERS INCLUDE ANNUAL DUES PLUS A \$10.00 NON-REFUNDABLE ADMINISTRATIVE FEE):

- ACTIVE: \$95.00
- STUDENT: \$50.00
- ACTIVE STATUS PENDING: \$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 high school, GED, college and/or paralegal schools (Active/Active Status Pending)
- Copies of certificates or diplomas of college completion (Active/Active Status Pending)
- ACP/RP verification from NALA (if applicable)
- CP/CRP 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 Idaho Association of Paralegals, Inc., 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 (6) 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 (5) points may be applied in either education or work experience in meeting the criteria). Points are calculated in the following manner:

<u>Criteria</u>	<u>Points</u>	<u>Your Calculation</u>
<input type="checkbox"/> Graduate Degree in Related Legal Studies	6	_____
<input type="checkbox"/> Bachelor's Degree in Paralegal Studies	6	_____
<input type="checkbox"/> Associate Degree in Paralegal Studies	6	_____
<input type="checkbox"/> *ABA Approved Paralegal Program	6	_____
<input type="checkbox"/> Graduate or Bachelor's Degree-Non Legal	5	_____
<input type="checkbox"/> *Non-ABA Approved Paralegal Program	4	_____
<input type="checkbox"/> ACP or RP/PACE Designation	4	_____
<input type="checkbox"/> CP or CRP/PCCE Designation	3	_____
<input type="checkbox"/> Associate Degree	2	_____
<input type="checkbox"/> 2 years college, no degree	1	_____
<input type="checkbox"/> High School Diploma or Equivalent	1	_____
<input type="checkbox"/> Work Experience as a Paralegal	1 point per year, maximum 5 pts	_____
<u>TOTAL POINTS</u> (Must equal at least 6 points for active membership)		_____

- **Applicants must be currently employed as a paralegal by a law firm, a practicing member who is in good standing of a State Bar Association, corporation, governmental agency, or other entity in a position performing specifically delegated substantive legal work for which a lawyer is responsible in order to qualify for Active Membership.**
- *An ABA Approved Paralegal Program, or a Non-ABA Approved Paralegal Program as set forth above shall consist 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.

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; Certification criteria must be verified by attaching notification from NALA, NFPA, 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 Certified, 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, Inc. 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 relocated 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 Certified, 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, Inc. I further understand that this application is subject to approval.

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 or active status 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: _____

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, Inc. I further understand that this application is subject to approval.

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: _____

ATTORNEY ATTESTATION

I hereby attest that _____ (Applicant) is recognized as a paralegal and that he/she, under the supervision and direction of an attorney, is capable of the following services as generally described by the American Bar Association (ABA):

- Applies legal knowledge and procedures to draft legal documents and related material across various fields of law;
- Exercises good judgment and works independently to complete assigned tasks while meeting deadlines;
- Prepares and reviews legal documents for attorneys' approval;
- Research, review, select, compile and use of technical information from such references as online or hardcopy legal digests, encyclopedias, practice manuals, or other relevant legal sources;
- Conducts legal research to locate, evaluate, and interpret statutes, regulations, case law, and secondary material to support legal reasoning or decision-making;
- Identify and analyze procedural issues and recommends solutions in specific area of law; and,
- Preparing detailed office procedures for efficient handling of specialized field(s) of the law efficiently.

I confirm that the applicant **IS** employed as a paralegal, as defined by the ABA, and performed the duties outlined above under my supervision for approximately ____ years; that throughout this time, the applicant has demonstrated ethical and professional conduct. Based on the applicant's qualifications and performance, he/she is recommended for membership of the Idaho Association of Paralegals, Inc.;

- or -

I confirm that the applicant **WAS** employed as a paralegal, as defined by the ABA, and performed the duties outlined above under my supervision for approximately ____ years; that throughout this time, the applicant has demonstrated ethical and professional conduct. Based on the applicant's qualifications and performance, he/she is recommended for membership of the Idaho Association of Paralegals, Inc.

Signature of Attorney
Print or Type Name of Attorney: _____
Bar No. _____

Date: _____



Idaho Association of P A R A L E G A L S

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CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITY

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, Inc. 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 Model Rules of Professional Conduct.

(Adopted August 1993)