



Request for CLE Credit for Speaking/Presenting

Complete (print or type) this form and sign before mailing to American Alliance of Paralegals, Inc., Attn: Director of Education, 4023 Kennett Pike, Suite 146, Wilmington, Delaware 19807-2018, along with an outline of the speech/presentation.

(Please submit a separate form for each speaking/presenting activity)

First Name Middle Name Last Name

Address

City State Zip Code

Daytime telephone number (area code, number, extension):

Work E-mail: _____ Home E-mail: _____

Title of CLE Activity: _____

Date and Location of Activity: _____

For how many CLE hours has this Activity been approved? _____

Title of Presentation Segment: _____

Total minutes of actual presentation: _____ (Including breakdown for each segment taught)

General: _____ Ethics: _____ Professionalism: _____

Date: _____ Signature: _____

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General: _____ Ethics: _____ Professionalism: _____