

Request for CLE Credit for Teaching a Legal Education Course

(All courses taught must be at an ABA-accredited paralegal program or voting institutional member of the American Association for Paralegal Education)

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 a course outline.

(Please use one form to request all courses taught per semester)

First Name	Middle Name		Last Name		
Address				· · · · · · · · · · · · · · · · · · ·	
City	State	e Z	Cip Code		
Daytime telephone nur	mber (area code, number, e	xtension):			
Work E-mail:	Home E-mail:				
School Name:					
School Address:					
	City				
State	Zip Code Telephone (including area code)				
Semester Dates Taugh	at (e.g. 1/5/00-5/15/00 – Wi	nter, Spring	, Summer,	Fall):	
	s Semester Hours. DO NO will be one hour for each se			etual teaching.	
Course Title	Semester Hours	General	Ethics	Professionalism	
Date:	te: Signature:				
	AAPI OFFICE US	SE ONLY			
General: Ethics: Professionalism:					