

**VIRGINIA ALLIANCE OF PARALEGAL ASSOCIATIONS  
PARALEGAL REGISTRATION PROGRAM (VARP™)**

PO Box 537

Warrenton, Virginia 20188

[www.vaparalegalalliance.org](http://www.vaparalegalalliance.org)

[varp@vaparalegalalliance.org](mailto:varp@vaparalegalalliance.org)

**FORM A**

**APPLICATION FOR VIRGINIA REGISTERED PARALEGAL CREDENTIAL**

**NEW VARP** or  **RENEWING VARP**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE NO.: \_\_\_\_\_ CELL PHONE NO.: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

WORK PHONE NO.: \_\_\_\_\_ WORK FAX NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CURRENT EMPLOYER DATES OF EMPLOYMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_

ARE YOU A VOTING MEMBER OF A VAPA MEMBER PARALEGAL  
ASSOCIATION OR AREA LIAISON:  Yes  No

VAPA MEMBER ASSOCIATION NAME: \_\_\_\_\_

(Provide past employer information **ONLY** if employed with current employer less than  
5 years. If you have more than one past employer, please attach this information on a separate page.)

PAST EMPLOYER: \_\_\_\_\_

PAST EMPLOYER ADDRESS: \_\_\_\_\_

PAST EMPLOYER TELEPHONE NUMBER: \_\_\_\_\_

PAST EMPLOYER DATES OF EMPLOYMENT: \_\_\_\_\_

TITLE WHEN WORKING FOR PAST EMPLOYER: \_\_\_\_\_

## EDUCATION

Using the eligibility requirements as stated, please complete those which apply to you:

Bachelor's Degree

Name of Educational Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Area of Study in which Degree was obtained: \_\_\_\_\_

Associate's Degree

Name of Educational Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Area of Study in which Degree was obtained: \_\_\_\_\_

Paralegal Certificate (Certificated Paralegal)

Year Attained: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Was Certificate Program institutionally accredited?  Yes  No

Certified Paralegal

Credentials: \_\_\_\_\_ Year Attained: \_\_\_\_\_

Name of Paralegal Certification Exam(s): \_\_\_\_\_

Name of national paralegal association monitoring your credentials: \_\_\_\_\_

**Submit to:**

**VIRGINIA REGISTERED PARALEGAL PROGRAM**  
Post Office Box 537  
Warrenton, Virginia 20188

Submit with Application (Form A):

A. If applying on Criteria IV.A through H, candidates must also submit a copy of the individual's official transcript(s) from the educational institution(s) attended OR a letter from the educational institution(s) attended stating the dates of the individual's attendance and the date of the individual's graduation OR a copy of the diploma or certificate received by the individual from the educational institution(s) attended; and

B. Declaration(s) from an attorney(s) with whom the individual works or has worked attesting to the individual's substantive paralegal work experience (see Form B). The total number of attested years of substantive paralegal experience must meet the minimum number of years as provided for in the above Criteria under which the individual is applying; and

- C. A non-refundable fee of \$35.00; and, if applicable
- D. A completed Form C if applying under Criteria IV.I or renewing the VARP™ designation.
- E. If applying under Criteria I.J, Certified Paralegals, as defined in the Program, need only submit Form A along with a copy of their credentialing certificate and a copy of their current letter/certificate of good standing. Certified Paralegals need not complete Form B or Form C.

**NOTE: Applicant must be a Voting Member in good standing of a VAPA member paralegal association OR area liaison at the time of application. Therefore, a VARP application CANNOT be submitted simultaneously with an application for membership in a VAPA member paralegal association.**

Please do not submit any CLE-related items at this time. These items should be submitted when the applicant's VARP designation renewal is due in two years. Please do not include or attach any information or documents beyond the requirements of the application.

**IT IS YOUR RESPONSIBILITY TO SUBMIT ALL REQUIRED DOCUMENTS AND FEES. IF YOUR APPLICATION AND/OR SUPPORTING DOCUMENTS ARE INCOMPLETE, YOUR APPLICATION MAY BE REJECTED. YOU WILL RECEIVE YOUR VARP CERTIFICATE WHEN YOUR APPLICATION HAS BEEN APPROVED. PLEASE ALLOW 45 DAYS FOR THE APPROVAL PROCESS.**

**AFFIRMATION OF APPLICANT**

I hereby affirm that I have not been convicted of a felony or a crime of moral turpitude, that I am not a disbarred or suspended attorney, and that I have not been engaged in the unauthorized practice of law. Further, I understand that once approved to receive the VARP™ credential, I will adhere to and be bound by the American Bar Association Model Code of Professional Responsibility and Model Rules of Professional Conduct as well as any code of ethics of VAPA, my member association, and my national paralegal association.

I hereby affirm that the information contained on this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**FOR ASSOCIATION USE ONLY:**

DATE APPLICATION RECEIVED: \_\_\_\_\_

- APPLICATION APPROVED
- APPLICATION DENIED

REASON FOR DENIAL: \_\_\_\_\_

- FEE RECEIVED
- DATE RECEIVED
- CHECK NO. \_\_\_\_\_

RENEWAL DUE DATE: \_\_\_\_\_

Certificate sent: \_\_\_\_\_

Business card sent: \_\_\_\_\_

Letter sent: \_\_\_\_\_

Added to:

VARP List: \_\_\_\_\_

Financial Report: \_\_\_\_\_

Emailing List: \_\_\_\_\_