



**REQUEST FOR EXTENSION
OF TIME FOR COMPLETION
OF
CONTINUING LEGAL EDUCATION
(CLE) REQUIREMENTS**

NAME OF CKP: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

I hereby request an extension of time of sixty (60) days to complete the CLE credit requirements set out in Section 9 of the Kentucky Paralegal Association's Professional Standards and Certification Program policy.

I acknowledge and understand that an extension of time to complete the CLE credit requirements does not alter the credit required for any other calendar year, and that I am limited to one (1) extension every three (3) years.

I acknowledge and understand that failure to complete the CLE credit requirements during the granted extension period may result in revocation of certification without further notification.

Certified Kentucky Paralegal (Signature)

CLE Calendar Year

Date

**Mail completed form to: KPA, P. O. Box 2675, Louisville, KY 40201-2675 OR
Email to: kpa.kpacc@gmail.com**