



**REQUEST FOR EXTENSION
OF TIME FOR COMPLETION
OF
KPA MEMBERSHIP REQUIREMENTS**

NAME OF CKP: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

I hereby request an extension of time of sixty (60) days to complete the KPA Membership requirements set out in Section 5.05 of the Kentucky Paralegal Association's Professional Standards and Certification Program policy.

I acknowledge and understand that an extension of time to complete the KPA Membership requirements does not alter the membership requirement 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 KPA Membership requirements during the granted extension period may result in revocation of certification without further notification.

Certified Kentucky Paralegal (Signature)

KPA Membership Year

Date

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