



South Dakota Paralegal Association Application for ACP Course Reimbursement

1. The SDPA would like to assist members who desire to seek Advanced Paralegal Certification as part of their professional development. As an incentive, SDPA is offering reimbursement of the fee for active members who successfully complete a NALA ACP Course (reimbursement is limited to the member's actual cost up to \$300.00, which is the current fee for a non-member of NALA to enroll in an ACP course). In order to be eligible, members must meet the following criteria:
 - A. Applicant must be an active member of the SDPA. (All active members are eligible to participate.)
 - B. Applicant must successfully complete an ACP Course during the calendar year. (Please attach verification from NALA that you completed the course.)
 - C. Reimbursement for an ACP Course is only available to active members who do not receive reimbursement from any other source. (Please attach written verification from your employer.)
 - D. Reimbursement for an ACP Course is limited to one (1) reimbursement per member.
2. Two (2) ACP reimbursements will be available during the calendar year, one to be awarded at the Annual Meeting and one to be awarded at the Semi-Annual Meeting. The reimbursement will be given to one eligible member whose name is drawn from a pool of eligible members who qualify.
3. To be included in the drawing, this application and supporting documentation **MUST** be received by the Professional Development Committee Chairperson at least 15 days before the date of the Annual or Semi-Annual Meeting. If you are not selected at the Annual Meeting, your name will continue in the drawing for the opportunity to receive reimbursement at the Semi-Annual Meeting.
4. Information and applications are available from the South Dakota Paralegal Association Professional Development Committee.

SUBMIT YOUR APPLICATION to:
The South Dakota Paralegal Association, Inc.
Professional Development Committee
c/o Autumn Nelson, ACP
Via e-mail to: NelsonA@GoosmannLaw.com

SDPA APPLICATION FOR ACP REIMBURSEMENT

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: () _____ () _____
Daytime Evening

E-MAIL ADDRESS: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE NUMBER: () _____

NAME OF ACP COURSE: _____

DATE COMPLETED: _____

Did you pay the ACP Course enrollment fee? Yes _____ No _____

If no, who paid the exam fee for you? _____

If yes, please attach verification.

Please be sure to attach the following documentation to this Application:

1. Verification from NALA that you completed an ACP Course;
2. Verification from your employer stating that it did not advance funds or reimburse you for the ACP Course enrollment fee; and
3. Verification that you paid the ACP Course fee and the amount paid.