



**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**