



PERSONAL INJURY STAFF BOOT CAMP REGISTRATION FORM

THIS COURSE HAS BEEN APPROVED FOR 6 HOURS CLE CREDIT INCLUDING 0.5 HOURS ETHICS BY THE NATIONAL FEDERATION OF PARALEGAL ASSOCIATIONS, INC.

TRAINING DATE DESIRED:

STUDENT NAME:

STUDENT EMAIL ADDRESS:

STUDENT PHONE NUMBER:

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

FIRM NAME:

FIRM CONTACT PERSON:

FIRM EMAIL ADDRESS:

FIRM TELEPHONE NUMBER:

FIRM MAILING ADDRESS:

ARE YOU A RECENT HFLS APPLICANT WHO HAS COMPLETED OUR SCREENING PROCESS? YES NO

STUDENT IS:

AN ATTORNEY A PARALEGAL A LEGAL SECRETARY A NURSE

