## EMPLOYING/SUPERVISING ATTORNEY ATTESTATION

I	am authorized to certify the following in
	ction with an application for certification under the Minnesota Paralegal ation Certified Paralegal Program.
I am/ł	nave been the employing or supervising attorney for, the applicant herein as I have/had direct
_	vision over the applicant during which time I was a member in good standing Minnesota State Bar.
experi (check Minne or wor legal c persor other perfor profes somet work i	by certify that the applicant has fulfilled the following paralegal work ence requirement necessary for registration and $\square$ is currently $\square$ or was a one) primarily performing paralegal work. (A paralegal is defined by the sota Paralegal Association as a person qualified through education, training, rk experience to perform substantive legal work that requires knowledge of oncepts and is customarily, but not exclusively, performed by a lawyer. This is may be retained or employed by a lawyer, law office, government agency or entity or may be authorized by administrative, statutory or court authority to m this work. It is not the intent of MPA to exclude any member of the legal sion whose job duties fit the definition of paralegal but whose job title is hing other than "paralegal". Additionally, the term "substantive" shall mean requiring recognition, evaluation, organization, analysis, and communications vant facts and legal concepts. Time spent performing clerical work is scally excluded.)
	months from to
	At least 1 year of paralegal work experience from to
	At least 2 years of paralegal work experience from to
	At least 3 years of paralegal work experience from to
	At least 4 years of paralegal work experience from to
Dated	this, date of,
Signat	ure of Attorney/Supervisor Address
Print I	Name
Title	
Minne	sota Bar Number