



**South Dakota Paralegal Association  
Application for CP Exam Reimbursement  
for the Year 2017**

1. SDPA would like to encourage members to take the CP exam as part of their professional development. As an incentive, SDPA is offering reimbursements for the CP exam fee (currently \$250.00) to members for taking the CP exam and passing. In order to be eligible, members must meet the following criteria:
  - A. The applicant must be a member of the South Dakota Paralegal Association;
  - B. The applicant must take the CP exam and pass it during the fiscal year 2017. (Please attach verification that you passed the exam.)
  - C. Reimbursements are only available to members who do not receive reimbursements for the CP exam by any other source. (Please attach written verification of this from your employer.)
2. Only one (1) CP exam reimbursement will be paid during the year 2017. The reimbursement will be given out on a first come, first serve, basis to the first applicant who qualifies.
3. This application and supporting documentation **MUST** be received by the Professional Development Committee Chairperson within 3 months of receiving notification that you passed the CP exam.
4. Information and applications are available from the South Dakota Paralegal Association Professional Development Committee, c/o Cindy E. Schmit, ACP, PO Box 1888, Sioux Falls, SD 57101-1888; e-mail: [cindyschmit@sio.midco.net](mailto:cindyschmit@sio.midco.net).

**SUBMIT YOUR APPLICATION to:  
The South Dakota Paralegal Association, Inc.  
Professional Development Committee  
c/o Cindy E. Schmit, ACP  
PO Box 1888  
Sioux Fall, SD 57101-1888  
Or via e-mail to [cindyschmit@sio.midco.net](mailto:cindyschmit@sio.midco.net)**

**SDPA APPLICATION FOR CP REIMBURSEMENT**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Daytime Evening

E-MAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE NUMBER: ( ) \_\_\_\_\_

DATE CP EXAM TAKEN: \_\_\_\_\_

WHERE CP EXAM WAS TAKEN: \_\_\_\_\_

Did you pay the CP exam 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 that you took the CP exam in the year 2017;
2. Verification that you passed the CP exam;
3. A letter from your employer that they do not reimburse you for the CP exam fee; and
4. Verification that you paid the CP exam fee and the amount you paid.