

**PARALEGAL LICENSING PROCESS**  
**Statement of Field Placement Form**

Please complete all applicable fields on this form and submit as an attachment through your online account.

**All fields are mandatory unless otherwise stated:**

Candidate Legal Name:

Candidate ID#:

Daytime Phone Number:

Field Placement: Start Date:

MM/DD/YY

End Date:

MM/DD/YY

Type of Field Placement\*:

In-person or remote

Simulated

<p>Complete all items below for <b>In-person or Remote</b> Field Placement:</p> <p>Field Placement Firm Name:</p> <p>Name of Supervisor at Firm:</p> <p>Supervisor's Law Society Number**:</p> <p>Address of Placement Firm:</p> <p>Phone Number of Supervisor:</p> <p>Email Address of Supervisor:</p>	<p>Complete all items below for <b>Simulated</b> Field Placement:</p> <p>College Name:</p> <p>Name of Supervisor at Simulated Field Placement:</p> <p>Supervisor's Law Society Number**:</p> <p>Phone Number of Supervisor:</p> <p>Email Address of Supervisor:</p>
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Number of placement hours completed by the candidate:

Candidate Signature:

Date:

MM/DD/YY

**By typing your name into the signature field, you agree that you are signing this form electronically and that your electronic signature is the legal equivalent of your manual signature on this form.**

\* Remote field placements include field placements conducted with firms or organizations where candidates attended some or all of the field placement remotely. Simulated field placements include field placements conducted with an approved simulated case file through the candidate's institution.

\*\*If the Supervisor is a Licensee Equivalent in accordance with the Paralegal Education Program Accreditation Policy, then an Ontario Law Society number is not required.