



PARALEGAL EDUCATION PROGRAM ACCREDITATION Form 7—Annual Declaration Form (Current Compliance and Following Year Intakes)

Submit this form to: paralegaleducation@lso.ca

Date: (MM/DD/YY):

Campus(es):

Institution Name:

Program Name:

Program Credential:

Program Address:

City:

Province:

Postal Code:

Telephone:

Email:

Part A: Current Compliance

I, *[Name – Senior Program Administrator]* and I, *[Name – Program Coordinator]*,
of the *[Name – Paralegal Program(s)]* (the “Accredited Program”) from *[Name – Institution]* (the “Institution”)

certify that the Accredited Program (where there is more than one Accredited Program, the word Program is to be interpreted as Programs) continues to meet minimum Accreditation requirements, as set out in the Paralegal Education Program Accreditation Policy, including:

- (a) the Accredited Program instructs and delivers the mandatory competencies;
- (b) the Institution properly manages and coordinates Faculty Members, including:
 - (i) using only Licensees and Exempted Individuals as Faculty Members to deliver Substantive Law Courses;
 - (ii) maintaining a minimum of two Full Time Faculty Members who are Licensees at each campus location, neither of whom teaches more than 50% of the Accredited Program's Compulsory Legal Courses and each of whom, if not a full-time employee who dedicates the majority of his or her employment time to the Accredited Program, performs no fewer than 532 hours of instructional and non-instructional duties in the Accredited Program; and
 - (iii) ensuring that Faculty Members have teaching experience or formal training in education best practices, as well as at least one year of practice experience as a paralegal or lawyer in the case of Licensees;

(c) where the Institution has multiple campus locations, the names of the faculty heads for each location are:

	Campus location	Faculty Head Name
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

(d) the Institution arranges and manages appropriate field placements for Accredited Program students, including:

- (i) ensuring that Field Placement Hosts and Field Placement Supervisors meet the requirements in the PEPAP;
- (ii) ensuring that, where a Licensee Equivalent is the Field Placement Supervisor, the field placement is relevant to the paralegal scope of practice and to the knowledge and experience of the Licensee Equivalent;
- (iii) ensuring that workplace activities are within the paralegal scope of practice; and
- (iv) ensuring that students are gaining relevant experience that supports the competencies established for the field placement program/practicum;

(e) courses are properly delivered and sequenced, including:

- (i) at least two courses are concurrently delivered; and
- (ii) courses are sequenced and delivered in a logical order, with foundational courses as prerequisites to more advanced courses;

(f) a minimum of 15 students are registered in and actively participating in each course and Cohort of the Accredited Program; and

(g) there are no more than two Intake Dates per Session per calendar year.

We also certify that the minimum number of 15 students for each course and Cohort for the Accredited Program for each campus was, during the prior year (select the appropriate response):

- exceeded _____ [initial] _____ [initial]
- met _____ [initial] _____ [initial]
- not met _____ [initial] _____ [initial]

If the number of students for each Cohort or course was not met for one or more campus(es), a detailed explanation must be set out below.

Where the Program Coordinator manages more than one campus location, a detailed explanation of the activities undertaken by the Program Coordinator at each campus location to superintend the Accredited Program, both for administrative and teaching functions, must be set out below.

As the senior Administrators responsible for the Accredited Program, we acknowledge that the Accreditation Documents requirements are continuous requirements that must be met in order for the Accredited Program to maintain its status with the Law Society.

If there are any questions or concerns regarding the above-noted matters, we may contact the Law Society's paralegal program accreditation representatives and discuss those matters with them when they arise.

Signatures:

Senior Program Administrator

Date (MM/DD/YY)

Program Coordinator

Date (MM/DD/YY)

Part B: Following Year Intakes

Institution Name:

Program Credential:

If the Institution offers more than one Accredited Program (e.g., a diploma program and a certificate program), the Institution must submit a separate “Part B: Following Year Intakes” for each Accredited Program.

Please be reminded that a maximum of two Intake Dates per Session may be declared and that Intake Dates for a given Session must be synchronized across Accredited Program campus locations.

1. Campus Location:

Intake 1:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
Intake 2:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:

2. Campus Location:

Intake 1:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
Intake 2:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:

3. Campus Location:

Intake 1:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
Intake 2:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:

4. Campus Location:

Intake 1:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
Intake 2:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:

5. Campus Location:

Intake 1:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
Intake 2:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:

6. Campus Location:

Intake 1:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
Intake 2:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:

7. Campus Location:

Intake 1:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
Intake 2:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:

8. Campus Location:

Intake 1:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
Intake 2:	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date:
	Session:	Start Date:	Finish Date: