

UNIFORM CERTIFICATE OF ATTENDANCE
Within 30 days of the activity, this certificate shall be filed
with the appropriate MCLE Board(s) or Commission(s)

Sponsor: _____

Activity Title: _____

Date: _____

Location: _____

Activity Number: _____

(for those states designating seminar numbers)

This program has been approved for a total of _____ CLE credit hours based on 60 minute hour

_____ CLE credit hours based on 50 minute hour

Of this total, _____ CLE credit hour(s) of this program
is/are devoted to instruction in professional responsibility

**Reminder: Introductory remarks, keynote addresses, business meetings, breaks, reception, etc.,
are not to be included in the computation of credit.**

TO BE COMPLETED BY ATTORNEY

By signing below, I certify that I actually attended ____ CLE credit hours, including ____ professional responsibility hours.

Attorney Name (Print)

Signature

Supreme Court Number **REQUIRED**

Date

**Note: If you are required to report to more than one state,
complete a form for each state.**

State where credits are to be registered

When Required Complete the Following

Acknowledged by:

Sponsor Representative