Partial Credit Certification Form

THE NORTH CAROLINA STATE BAR BOARD OF CONTINUING LEGAL EDUCATION

217 East Edenton Street Post Office Box 26148 Raleigh, NC 27611 (919) 733-0123

Please complete all of the following information.
Bar Member Name:
State Bar Number:
Course Sponsor:
Course Title:
Date: Location:
<u>Certification</u>
By signing below, I certify that I attended the following:
hours of ethics/professionalism/professional responsibility
hours of professional well-being
hours of technology
other (7 General Approved)
total CLE hours
NOTE: Please round the hours attended down to the nearest quarter hour.
<u></u>
Signature

Please return this form to the sponsor to ensure proper credit is recorded in your CLE record.