

**THE NORTH CAROLINA STATE BAR
BOARD OF PARALEGAL CERTIFICATION**

**208 Fayetteville Street
Post Office Box 25908
Raleigh, NC 27611
(919) 828-4620**

CLE/CPE CERTIFICATE OF ATTENDANCE FOR PARALEGALS

Name _____ Certified Paralegal No. _____

Sponsor of Program _____ North Carolina Bar Association Foundation _____

Program Title _____

_____ Program # _____

Date _____ Location _____

CLE/CPE Credit Hours Earned:

General _____

Ethics _____ (Includes Substance Abuse/Mental Health and Professionalism)

This certifies attendance at the above program for the hours indicated.

_____ Date _____
Signature of Paralegal

_____ Date _____
Signature of Sponsor Representative

*This certificate is for your records and shall be furnished upon request to the North Carolina State Bar Board of Paralegal Certification when the board audits CLE/CPE attendance in connection with an annual application for initial or continued certification. This certificate should be **retained by you** for three years from the date of issue. **Do not return this form to the CLE/CPE sponsor and do not send the form to the Board of Paralegal Certification unless requested by the board.***