

**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

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Name _____ Certified Paralegal No. _____

Sponsor of Program _____

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.

Signature of Paralegal Date _____

Signature of Sponsor Representative Date _____

*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.***