

Out-of-State Certificate of Attendance

Name _____

Bar # _____ State _____

Contact information _____

Sponsor of Program _____

Program Title _____

Date _____ Location _____

CLE Credit Hours Earned:

_____ Hour(s) of **general**

_____ Hour(s) of **ethics/ professional responsibility**

_____ Hour(s) of **substance abuse/mental health**

===== **Total** CLE hours

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

Signature of Attorney Date _____

Signature of Sponsor Representative Date _____

NORTH CAROLINA

BAR ASSOCIATION
seeking liberty + justice

PO Box 3688
Cary, NC 27519-3688
8000 Weston Parkway (27513)
919.677.0561 or 800.228.3402
askcle@ncbar.org
www.ncbar.org

*The NC Bar Association CLE Department reports each registrant's CLE attendance to the NC State Bar. **This certificate is for the attendee's convenience and record keeping.** This is not an official document.*