

Partial Credit Certification Form

North Carolina State Bar
Board of Continuing Legal Education

Please complete all of the following information.

Name _____ N.C. State Bar No. _____
(please print name)

Program Sponsor North Carolina Bar Association Foundation

Program Title _____

Date _____ Location _____

Certification

By signing below, I certify that I attended the following:

_____ hour(s) of **general** credit

_____ hour(s) of **ethics**/professionalism/professional responsibility

_____ hour(s) of **substance abuse/mental health** awareness
(must be at least 1 full hour)

_____ **total** CLE hours

NOTE: Please round the hours attended down to the nearest quarter hour.

Signature

Please return this form to the sponsor (*the NCBA*) within **7 days** of the program to ensure proper credit is recorded on your behalf to the N.C. State Bar.

NORTH CAROLINA
FOUNDATION
BAR ASSOCIATION
CONTINUING LEGAL EDUCATION

CLE Department – Attn: CLE Registrar

Fax. 919-677-1774
Email. askCLE@ncbar.org