

Partial Credit Certification Form

North Carolina State Bar
Board of Continuing Legal Education

Please complete all of the following information.

Name: _____ NC State Bar #: _____
(Please print name)

Program Sponsor: _____

Program Title: _____

Date: _____ Location: _____

Certification

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

_____ Hour(s) of **general**

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

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

_____ **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 NC State Bar.

NORTH CAROLINA
BAR ASSOCIATION
seeking liberty + justice

CLE Department – Attn: CLE Registrar

Email: askcle@ncbar.org
fax 919-677-1774