

North Carolina Certificate of Attendance

Name: _____ NC State Bar #: _____

Program Sponsor: _____

Program Title: _____

_____ NC State Bar Program #: _____

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 full attendance of the above mentioned program.

Signature of Attorney Date _____

Signature of NCBA Representative Date _____

NORTH CAROLINA

BAR ASSOCIATION
seeking liberty + justice

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Cary, NC 27519-3688
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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 and pays any requisite mCLE fees to the NC State Bar as long as a NC State Bar number is supplied. **This certificate is for the attendee's convenience and record keeping.** This is not an official document.*