

NORTH CAROLINA
BAR ASSOCIATION
seeking liberty + justice

Certified Mediator Certificate of Attendance for CME Credit

Please fill out this form completely.

Name _____ Certified Mediator# _____
(Please print) (Required for credit)

Program Title _____

Date _____ Location _____

CME Credit Hours Earned:

General _____

Total: _____

This certifies attendance of the above mentioned program sessions.

Signature of Certified Mediator Date _____

Please return this form to the NCBA within **7 days** of the program to ensure proper credit is reported to NC Dispute Resolution Commission. Retain a copy for your own records.

CLE Department - Attn: CLE Registrar

Fax. 919.677.1774
Email. askCLE@ncbar.org