**Partial Credit Certification Form**

NCSB Form 6 rev. 05/06

**THE NORTH CAROLINA STATE BAR**

**BOARD OF CONTINUING LEGAL EDUCATION**

**217 East Edenton Street**

**Raleigh, NC 27601**

**Post Office Box 26148**

**Raleigh, NC 27611**

**(919) 733-0123**

**Please complete all of the following information.**

Bar Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Bar Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Course Sponsor: UNC Chapel Hill School of Government

Course Title: Fundamentals of State Crime Laboratory Forensic Science Disciplines On Demand

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification**

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

 \_\_\_\_\_\_\_ hours of general credit

 \_\_\_0\_\_\_ hours of ethics/professionalism/professional responsibility

 \_\_\_0\_\_\_ hours of substance abuse/mental health awareness

 \_\_\_\_\_\_\_ total CLE hours

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Please return this form to the sponsor to ensure proper credit is recorded in your CLE record.