

Certificate of Attendance

North Carolina State Bar
Board of Continuing Legal Education
P.O. Box 26148
Raleigh, NC 27611

Member Name: _____ State Bar Member No. _____

Sponsor of Course: School of Government #13 _____

Course/Program Title: Social Services Attorneys' Winter Conference _____

Date: Feb. 20 - 21, 2025 Location: Live via Zoom Online _____

CERTIFICATION

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

	hours of ethics/professionalism/professional responsibility (approved for <u>1</u> hours)
	hours of substance abuse/mental health awareness (approved for <u>0</u> hour)
	hours of general credit (approved for <u>7</u> hours)
	hours of technology credit (approved for <u>1</u> hours)
	total CLE hours (approved for total of <u>9</u> hours)

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

Signature

Date