

Partial Credit Certification Form

THE NORTH CAROLINA STATE BAR BOARD OF CONTINUING LEGAL EDUCATION

Please complete all of the following information.

Bar Member Name: _____

State Bar Number: _____

Sponsor: _____

Course Title: _____

Date: _____ Location: _____

Certification

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

_____ hours of general credit

_____ hours of ethics/professionalism/professional responsibility

_____ hours of substance abuse/mental health awareness

_____ total CLE hours

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

Signature

Date

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