Partial Credit Certification Form

THE NORTH CAROLINA STATE BAR BOARD OF CONTINUING LEGAL EDUCATION

217 East Edenton Street 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: _____ 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

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