

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.

Please Email to Cindy Lee: cdlee@sog.unc.edu