

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 (max 1.50)

_____ total CLE hours (max 1.50)

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

Signature

*Please return this form to ensure that proper credit is recorded in your CLE record.
Please submit this form by 12:00 p.m. on Wednesday, February 24th. You may
submit this via email:

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