

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 7.25)

_____ hours of substance abuse/mental health (1.25)

_____ total CLE hours (max 8.5)

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.