

Partial Credit Certification Form

Adopted from the North Carolina State Bar Board of Continuing Legal Education Form 6

Please complete all the following information.

Name: _____ NC State Bar #: _____
(Please print name)

Program Sponsor: _____

Program Title: _____

Date: _____ Location: _____

Certification

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

NOTE: Please round down to the nearest quarter hour. For example: 20 minutes = 0.25 hours.

_____ Hour(s) of **Ethics/Professional Responsibility**

_____ Hour(s) of **Professional Well-Being**

(You must attend at least one (1) continuous hour to earn this credit. Anything less may be allocated towards ethics or general credit by the NC State Bar.)

_____ Hour(s) of **Technology Training**

(You must attend at least one (1) continuous hour to earn this credit. Anything less may be allocated towards ethics or general credit by the NC State Bar.)

_____ Hour(s) of **General**

===== **Total CLE Hour(s)**

☐ If applicable, _____ hour(s) above qualify for Continuing Mediator Education (CME) credit. Please reference the program agenda.

Signature

Date

Please return this form to the NCBA within **seven (7) days** of the program to ensure proper credit is reported on your behalf to the NC State Bar.

NORTH CAROLINA
BAR ASSOCIATION
seeking liberty + justice

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