

CLE TRACKING COMMITTEE P.O. Box 92860, Albuquerque, New Mexico 87199-2860

pd-CLECredits@sbnm.org

This form should be used for verification of hours for non-Division sponsored programs or events that qualify for CLE credits when not otherwise being provided a Certificate of Attendance by the sponsor.

NAME OF SPONSOR:		
TITLE OF PROGRAM OR EVENT:		
DATE:		
DESCRIPTION OF PROGRAM OR EVENT:		
LOCATION:		
CREDIT HOURS:		GENERAL: ETHICS:
PARALEGAL:		
SBNM PD NUMBER:		
	CERTIF	FICATION OF SPONSOR
The undersigned certifies described on the face of the		(PD member) attended the program or event
		Signature of Sponsor
		Title
		Date