This form should be used for verification of hours for 1) non-Division sponsored CLEs when not otherwise being provided a Certificate of Attendance; and 2) for reporting completion of Division-sponsored self-study CLEs. Attach this signed form to your MCLE Certificate of Compliance for annual membership renewal.

|  |  |
| --- | --- |
| NAME OF SPONSOR: |  |
| TITLE OF PROGRAM OR EVENT: |  |
| DATE: |  |
| DESCRIPTION OF PROGRAM OR EVENT: |  |
| LOCATION: |  |
| CREDIT HOURS: | GENERAL: ETHICS: |

|  |  |
| --- | --- |
| PARALEGAL: |  |
| SBNM PD NUMBER: |  |

# CERTIFICATION OF SPONSOR OR MEMBER\*

The undersigned certifies that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PD member) attended the program or event described on the face of this document.

Signature of Sponsor (or Member\*)

Title

Date

\*PD Member can self-certify credits for Division-sponsored self-study CLEs.