State Bar *of* New Mexico
Paralegal Division
PO Box 92860, Albuquerque, New Mexico 87199-2860

SPONSOR CERTIFICATION

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.