

UNIFORM CERTIFICATE OF ATTENDANCE

The Mississippi Judicial College requests that this certificate be filed with the MJC within 30 days of an approved Continuing Legal Education activity.

| SPONSOR | | | | |
|--|--|----------------------------|--|--|
| TITLE | | | | |
| LOCATION | | DATE(S) | | |
| This program has been approved for a t | total of CLE cred | lit hours based on a 60-1 | minute hour, of | |
| this total CLE credit h | our(s) of this activity is/are devote | ed to instruction of ethic | cs, professional | |
| responsibility or professionalism. | | | | |
| REMINDER: Introductory Remarks, Ke included in the computation | | breaks, receptions, etc. a | re <i>NOT</i> to be | |
| TO BE SIGNE | D AND DATED BY THE J | UDGE/JUSTICE | | |
| By signing below, I certify that I attend including Ethics Credits as stated below | - | nd am entitled to claim (| CLE credit hours, | |
| CLE credit hours | edit hours of this total | | _ is/are dedicated to Ethics/Professionalism | |
| These CLE credit hours were earned th | rough the following method: | | | |
| Attendance Only | Instruction Only | Instruction and Attendance | | |
| If CLE credit hours were earned throug your session(s)? No | th instruction, did you prepare any Yes | written materials, Pow | verPoint, etc for | |
| If you answered Yes to the instructiona certificate. | l materials question, please provi | de a copy of your mater | ials with this | |
| (Print Name of Judge/Justice) | () | Signature) | (Date) | |
| Mailing Address | | | | |
| City | State | Zip Code | | |
| Office Phone | Office Fax | Office Fax | | |
| E mail Address | | | | |

E-mail, Print, Scan, Fax or Mail this form along with a copy of the program agenda and written materials (if instructing) to the MS Commission on Continuing Legal Education, Attn: Tracy Graves, Post Office Box 369, Jackson, MS 39205, Fax 601-576-4733. Questions or Concerns: tgraves@courts.ms.gov or call 601-576-4622.