

WEST VIRGINIA CERTIFICATE OF ATTENDANCE

Within 30 days of the activity, this certificate should be filed with the appropriate MCLE Board(s) or Commission(s)

Sponsor: _____

Activity Title: _____

Date: _____

Location: _____

This program has been approved for a total of:

_____ CLE credit hours based on 50 minute hour

_____ CLE credit hour(s) of the total credits listed above is/are devoted to instruction in legal ethics/law office management/substance abuse/elimination of bias in the legal profession

Reminder: Introductory remarks, keynote addresses, business meetings, breaks, receptions, etc. are not included in the computation of credit

TO BE COMPLETED BY ATTORNEY

By signing below, I certify that I attended the activity described above and am entitled to claim _____ CLE credit hours, including _____ CLE credits in legal ethics/office management/substance abuse/elimination of bias in the legal profession.

Attorney Name (Print)

State Bar ID Number

Street or PO Box

Telephone Number

City State Zip

FAX Number

E-mail

IF THIS IS A CHANGE OF ADDRESS PLEASE CHECK []

Attorney Signature

Date

Return to:

MCLE Commission
West Virginia State Bar
2006 Kanawha Blvd. East
Charleston, WV 25311-2204

Fax: 304/558-2467