

**THE WEST VIRGINIA MANDATORY CONTINUING LEGAL EDUCATION COMMISSION
FORM C -- CERTIFICATION OF COMPLETION OF APPROVED MCLE ACTIVITY**

1. NAME _____ WV STATE BAR ID# _____
 ADDRESS _____
 CITY/STATE/ZIP _____

If this is a new address for State Bar records, please check New daytime telephone number: () _____ New FAX number: () _____
 Reporting period covered: July 1, _____ to June 30, _____.

2. ATTENDANCE (also use this section for satellite broadcasts)

Sponsor Name	Course / Seminar	Complete Date / Location	Ethics / Office Mgmt. / Substance Abuse Credits /Elim. of Bias	Total Credits Earned ¹
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____
F.	_____	_____	_____	_____
G.	_____	_____	_____	_____
H.	_____	_____	_____	_____
I.	_____	_____	_____	_____
J.	_____	_____	_____	_____
Section 2 Subtotals:			Ethics / Office Mgmt. Substance Abuse _____	Total Credits _____

3. DVD / AUDIO CASSETTE, TELEPHONE SEMINAR, CORRESPONDENCE COURSE, COMPUTER-BASED TRAINING, AND IN-HOUSE SEMINARS ATTENDED
 Note only 1/2 of your requirement for any reporting period may be satisfied through this type of activity.)

Sponsor Name (Produced by)	Topic / Title	Complete Date (If In-House, Telephone or Computer-Based Training)	Ethics / Office Mgmt. / Substance Abuse Credits /Elim. of Bias	Total Credits Earned
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
Section 3 Subtotal			_____	_____

TOTAL CREDITS EARNED: _____
 including _____ of Ethics / Office Mgmt. / Substance Abuse /Elim. of Bias

¹ One hour of CLE credit is earned for each 50 minutes of instruction actually attended.

I hereby certify that the information herein is, to the best of my knowledge, complete and accurate, and I did, in fact, complete the MCLE activity(ies) as listed.

IMPORTANT: Please retain a copy as record of verification of your Continuing Legal Education activities. The West Virginia State Bar does not maintain the original form after the activities have been entered into the computer. We suggest that you maintain the yellow copy in your office files for a period of one year following the end of each two-year reporting period. The copy may be useful in confirming that activities were properly reported to the MCLE commission and also for liability insurance purposes.

 CURRENT DATE

PLEASE RETURN THE WHITE COPY TO:

WV MCLE Commission
 c/o The West Virginia State Bar
 2006 Kanawha Blvd., East
 Charleston, WV 25311-2204
 (304) 558-7992

 ATTORNEY'S SIGNATURE

I am not subject to the MCLE requirement for the ____ - ____ reporting period because:

Inactive member Active but not practicing member

Granted exemption by MCLE Commission on _____(date)

New admittee, admitted to the Bar on _____(date)