

# Partial Credit Certification Form

## THE NORTH CAROLINA STATE BAR BOARD OF CONTINUING LEGAL EDUCATION

217 East Edenton Street  
Post Office Box 26148  
Raleigh, NC 27611  
(919) 733-0123

**Please complete all of the following information.**

Bar Member Name: \_\_\_\_\_

State Bar Number: \_\_\_\_\_

Course Sponsor: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

### Certification

By signing below, I certify that I attended the following:

\_\_\_\_\_ hours of general credit

\_\_\_\_\_ hours of ethics/professionalism/professional responsibility

\_\_\_\_\_ hours of substance abuse/mental health awareness

\_\_\_\_\_ total CLE hours

NOTE: Please round the hours attended down to the nearest quarter hour.

\_\_\_\_\_  
Signature

Please return this form to the sponsor to ensure proper credit is recorded in your CLE record.