

**UNIFORM CERTIFICATE OF ATTENDANCE**

Within 30 days of the activity, this certificate shall be filed with the Arkansas Supreme Court, Office of Professional Programs, 2100 Riverfront Drive, Suite 110, Little Rock, AR 72202-1747 / Fax (501)374-1853 / E-mail: clearkansas@arcourts.gov

Provider: \_\_\_\_\_

Activity Title: \_\_\_\_\_

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

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

Activity Number: \_\_\_\_\_

(for those states designating seminar numbers)

This program has been approved for a total of \_\_\_\_\_ CLE credit hours based on 60 minute hour

\_\_\_\_\_ CLE credit hours based on 50 minute hour

Of this total, \_\_\_\_\_ CLE credit hour(s) of this program have been devoted to instruction in professional responsibility/ethics

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

**TO BE COMPLETED BY ATTORNEY**

By signing below, I certify that I actually attended \_\_\_\_ CLE credit hours, including \_\_\_\_ professional responsibility hours.

\_\_\_\_\_  
Attorney Name (Print) Signature

\_\_\_\_\_  
Supreme Court Number **REQUIRED** Date

**Note: If you are required to report to more than one state, complete a form for each state.**

\_\_\_\_\_  
State where credits are to be registered

When Required Complete the Following

\_\_\_\_\_

Acknowledged by:

\_\_\_\_\_  
Provider Agent Name