

# New Jersey Continuing Legal Education Certificate of Attendance

This certificate is issued under *Rule 1:42* and *BCLE Reg. 301:8* of the Board on Continuing Legal Education.

**Title of Program:** \_\_\_\_\_

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

**Format:** (please check)

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Traditional live classroom setting | <input type="checkbox"/> CD              | <input type="checkbox"/> Webinar      |
| <input type="checkbox"/> Teleconference/Videoconference     | <input type="checkbox"/> DVD             | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Simulcast                          | <input type="checkbox"/> Audio/Videotape |                                       |

**This program has been approved for:**

\_\_\_\_\_ CLE credits (50 minute hour)  
including \_\_\_\_\_ Ethics/Professionalism credits

**This course also qualifies for certification credits for:** (please check)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> civil trial law           | <input type="checkbox"/> criminal trial law  | <input type="checkbox"/> matrimonial law |
| <input type="checkbox"/> workers' compensation law | <input type="checkbox"/> municipal court law |  |

**Attorneys:** Retain this certificate for a period of at least three years from the date of your attendance. In the event of an audit, you will be required to provide this certificate as proof of your compliance. By signing this certificate, you certify that you attended the activity described above and are entitled to claim the amount of credits listed.

**Name of Attorney:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Attorney ID # (if applicable):** \_\_\_\_\_

**Providers:** By issuing this certificate, you verify that the attorney named above completed this program.

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

**Acknowledged by:** \_\_\_\_\_

*(Provider Representative Signature)*

**For Faculty Participation Only:** (check one)

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Speaker      | <input type="checkbox"/> Moderator   |
| <input type="checkbox"/> Panel Member | <input type="checkbox"/> Other _____ |

**Calculate:**

Number of minutes teaching ethics/professionalism (x2)	
Number of minutes teaching non-ethics/professionalism (x2)	+ _____
Number of minutes attending ethics/professionalism taught by others (x1)	+ _____
Number of minutes attending non-ethics/professionalism taught by others (x1)	+ _____
<b>Total number of minutes</b>	= _____

Divide total number of minutes by **50** to obtain total CLE credits and indicate below.

Divide total number of ethics/professionalism minutes by **50** and indicate below.

**Faculty has been approved for:**

\_\_\_\_\_ CLE credit (50 minute hour)  
including \_\_\_\_\_ Ethics/Professionalism credits