

PARTIAL CREDIT CERTIFICATION FORM

North Carolina State Bar
Board of Continuing Legal Education

Please complete all of the following information:

Bar Member Name: _____ State Bar No. _____

Course Sponsor: Office of the Federal Public Defender/EDNC

Course Title: Federal Criminal Practice Spring 2017 (Sponsor #929, Course #1)

Date: April 7, 2017 Location: Jane S. McKimmon Conference Center
Raleigh, NC

CERTIFICATION

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

_____ hours of general credit

0 hours of ethics/professionalism/professional responsibility

0 hours of substance abuse/mental health awareness

_____ **total CLE Hours**

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

Signature _____

Please return this signed original form to:

**Office of the Federal Public Defender/EDNC
ATTN: Donna A. Stiles, Panel Administrator
150 Fayetteville Street, Suite 450
Raleigh, NC 27601**