

# **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 Seminar 2024 (Sponsor #929, Course #2)

Date: November 7-8, 2024 Location: Wrightsville Beach, North Carolina

## **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

\_\_\_\_\_ **total CLE Hours**

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

Signature \_\_\_\_\_

**Please return this signed form to:**

**[April Bunn@fd.org](mailto:April_Bunn@fd.org)**