

Virginia MCLE Board
Virginia State Bar
707 East Main Street, 15th Floor
Richmond, VA 23219-2800
(804) 775-0577 • Fax: (804) 775-0544 • Web site: www.vsb.org

CERTIFICATION OF ATTENDANCE (FORM 2)

Pursuant to Paragraph 17B, C and D of Section IV, Part Six, Rules of the Supreme Court of Virginia. The information provided will be available for inspection by the public under the Freedom of Information Act. Complete all requested information and sign certification.

Contact the Sponsor First for Virginia Approval Information and Form.

When provided, also attach any sponsor generated attendance form. The Virginia certification of attendance and/or Virginia course approval ID# has been provided to the sponsor for all Virginia approved programs.

Member Name: _____ VSB Member Number: _____
Official Address _____
of Record: _____
_____ Daytime Phone (_____) _____
_____ E-Mail Address: _____
City State Zip

Course ID Number: _____

Sponsor: _____

Course/Program Title: _____

CLE (Ethics) Credits: (_____) Ethics

CERTIFICATION

Date(s) Attended: _____ Location(s): _____

Delivery method: _____ Live or Group Video _____ *Live Telephone or live Webcast _____ *Videoconference or Satellite
_____ *Internet on-demand _____ *CD-rom _____ Video/DVD _____ Audio/CD _____ Other _____

Setting: _____ Group (with other attendees) _____ * Individual attendance at my location

****Distance Learning Programs Require Attendance Form Verified and Provided by the Course Sponsor when done in an Individual Setting. Video and Audio programs require at least 2 attorneys in attendance***

By my signature below I certify

___ I attended a total of _____ (hrs/mins) of **approved CLE**, of which (_____) (hrs/mins) were in **approved Ethics**.

___ The sessions I am claiming had written instructional materials to cover the subject.

___ I participated in this program in a setting physically suitable to the course and a suitable writing surface was available.

___ I was given the opportunity to participate in discussions with other attendees and/or the presenter.

___ I have not received credit for this program before. I understand I may not receive credit for any course/segment which is not materially different in substance than a course/segment for which credit has been previously given during the same completion period or the completion period immediately prior.

___ I understand that a materially false statement shall be subject to appropriate disciplinary action.

NOTE: Credit is awarded for actual time in attendance rounded to the nearest half hour.

Date

Signature

MCLE Completion Deadline—October 31
Deadline to Certify MCLE Approved Hours—December 15
A \$100 fee will be charged for failure to comply with either deadline.