

ILLINOIS ACCREDITED MCLE COURSE ATTENDANCE CERTIFICATE

SECTION A: PROVIDER COMPLETES THIS SECTION

Provider Name: _____

CLE Course/Activity Title: _____

Course/Activity Date(s): _____ Location: _____

Attorney Name: _____ ARDC #: _____

Attorney's participation method: Live Faculty in Room Live Video/Audio Format Recorded Video/Audio Format

Attorney Attended: Entire Course Attendance Partial Course Attendance (only actual attendance or participation earns credit)

- Illinois uses a 60-minute hour.
- Total CLE credit earned must be rounded down to the nearest quarter hour.
- Only actual attendance or participation earns credit.

TOTAL General Credit:

| | |
|--|-------|
| Professional Responsibility Credit Breakdown: | _____ |
| Diversity/Inclusion: | _____ |
| Mental Health/Substance Abuse: | _____ |
| All other Professional Responsibility areas: | _____ |

TOTAL Professional Responsibility Credit: _____

TOTAL MCLE CREDIT EARNED, *INCLUDING* PROFESSIONAL RESPONSIBILITY CREDIT: _____
(This number cannot be more than the Total General Credits above.)

By signing below, I certify that the MCLE Board has accredited the course identified above. I have prepared this certificate in compliance with MCLE Rule 795(a)(8) which requires the provider to maintain an attendance list for three years and issue attendance certificates to attorneys who attended the course.

Provider Representative Signature: _____ Date: _____

SECTION B: ATTORNEY COMPLETES THIS SECTION

- Attorneys are responsible for their own recordkeeping. Keep this attendance record for three years after the relevant two-year reporting period ends.
- Do not submit this form to the Illinois MCLE Board. If you are audited by the Illinois MCLE Board, you will need to submit this form. MCLE Rule 796(f)(1).
- If approved for professional responsibility, the total credit claimed cannot exceed the Total MCLE Credit.
- To avoid late fees, you must report your MCLE compliance directly to the MCLE Board before the deadline in MCLE Rule 796. Report online at www.mcleboard.org. Providers do not report your credits to the MCLE Board.

By signing below, I certify that I participated in the course or activity described above, and that I am entitled to claim the number of Illinois MCLE credit hours as detailed above.

Attorney Signature: _____ Date: _____