

Certificates for CD-ROM Program



This CD-ROM contains the following certificates:

- Uniform Certificate of Self Study (for attorneys licensed in states other than New York)
- New York Self-Study Confirmation Form (for attorneys licensed in New York)
- Illinois Participant Confirmation Form (for attorneys licensed in Illinois)

Please select and complete the form that is appropriate for your needs. (If you are licensed in more than one state, you will need to complete the appropriate forms for each state.) Submit the Uniform Certificate of Self-Study to your state accrediting agency *only as directed* in the instructions at the top of the certificate. *Do not return* the Uniform Certificate of Self-Study to the ABA. Retain a copy of the completed certificate(s) for your records.

New York attorneys: Send the completed New York Self-Study Confirmation Form to the ABA. After verifying your attendance in accordance with New York rules, you will receive a New York Certificate of Attendance within 2-4 weeks.

Illinois attorneys: Please note that ABA programs are accredited in Illinois for no longer than 2 years after the program recording or production date. The attached Illinois Participant Confirmation Form is not valid if you participate after this date.

Please note that additional states may not accept specific courses for a variety of reasons including, but not limited to, program length (less than 60 minutes) and delivery format.

Our interactive forms can be filled out online and printed. We recommend that Adobe Reader version 6 or later is installed to complete the form online. After completing the form online, you can print the form for your records or for any submission via mail or fax. (You also may scan the form after printing and e-mail that form.)

If you have Adobe Reader, you will not be able to save the data you enter on the forms and will not be able to submit a completed form automatically via email.

You will need to print a copy to retain for your records and submit according to the instructions on the form and your state's reporting requirements. You can download a free copy of the latest version of Adobe Reader at: <http://www.adobe.com/>

If you have trouble completing the form online, you can print the form and complete it by hand. If you have the full version of Adobe Acrobat (Standard, Professional; 7.0 or later), you can save the data you enter on the form. If you plan to submit the New York Self-Study Confirmation Form or Illinois Participant Confirmation Form to the ABA via email, please make sure you are not sending a blank form.

AMERICAN BAR ASSOCIATION

UNIFORM CERTIFICATE OF SELF-STUDY

Unless otherwise indicated, required sponsor documentation has been forwarded to and credit requested from MCLE states with general requirements for all attorneys. Within 30 days of this activity (or annually if required), the attorney must file this Certificate with his/her MCLE state agency if licensed in CO, FL, GA, ID, KY, ME, NM, NV, ND, UT, or WV. Do not file this Certificate with your MCLE state agency if licensed in AK, AZ, CA, DE, GU, MO, MT, NH, NY, OR, TX, VI, VT or WA. Filing of Certificates is optional in all remaining states with MCLE requirements that allow self-study. Attorneys should keep the original or a copy of this Certificate for your files. The ABA pays applicable fees in other states where the sponsor is required to do so as well as in states where a late fee may become applicable. Please be aware that each state has its own rules and regulations, including what qualifies for "CLE" and "Ethics" credit. Therefore, certain programs/products may not receive credit in some states. You may wish to check with your state for confirmation of a program's/product's approval.

New York attorneys: Do not use this certificate. Please complete the ABA Self-Study Confirmation Form for New York Attorneys. Fill out and return to the ABA as indicated on the form.

Illinois attorneys: Do not use this certificate. Please complete the ABA Illinois Participant Confirmation Form. Fill out and return to the ABA as indicated on the form.

Sponsor: American Bar Association

Activity Title: _____

Date of Activity: _____

You are **allowed**
a total of:

_____ **CLE credit hours based on a 60-minute hour**

_____ **CLE credit hours based on a 50-minute hour**

of this total

_____ **Ethics credit hours based on a 60-minute hour**

_____ **Ethics credit hours based on a 50-minute hour**

Do not return this certificate to the ABA.

TO BE COMPLETED BY ATTORNEY:

By signing below, I certify that I completed the program described above and am entitled to claim
_____ CLE credit hours including _____ ethics credit hours.

Attorney Name (Print)

Signature

Membership, Registration or Supreme Court Number

Date

State where credits are to be registered: _____

(Complete a certificate for each state to which you are required to report.)



Acknowledged by:

Margaret Naughton

Margaret Naughton, Associate Director, CLE Accreditation

SELF-STUDY CONFIRMATION FORM
(FOR NEW YORK-LICENSED ATTORNEYS ONLY)

After you have completed your course of self-study, please complete this form and return it to the ABA MCLE Unit. After your participation has been verified, you will receive a Certificate of Attendance for your records. Please allow 2-4 weeks for verification and processing.

SPONSOR: American Bar Association

PROGRAM TITLE: _____

DATE PROGRAM COMPLETED: _____

PRODUCT CODE: _____ (See product label or inside cover of written materials)

PRODUCT FORMAT: DVD ___ Audio CD ___ Online Course ___ Audio File/MP3/Podcast ___
Other (please specify) _____

PARTICIPANT INFORMATION: (PLEASE PRINT)

Name: _____ Address: _____

Daytime Phone: _____ City, State, Zip: _____

E-mail Address: _____

NOTE: New York is a 50-minute credit hour state. The formula for determining your credit hour total is to take the total number of minutes you have dedicated to the course, divide by 50 and then round down to the nearest ½ credit hour.

TO BE COMPLETED BY ATTORNEY:

By signing below, I certify that I completed the activity described above and am entitled to claim

_____ CLE credit hours including _____ ethics credit hours.

The ABA Participation Verification Code that I heard in the program is _____.*

Attorney Name (Print)

Signature

New York State License (or Bar) ID Number

Date

Send to the ABA MCLE Department via:

E-mail: mcle@americanbar.org (include "New York Confirmation Form" in the subject line)

Fax: 866-484-4707

Mail: ABA MCLE Unit, 321 N. Clark, Suite 1900, Chicago, IL 60654-7598

* The participation verification code is required for programs produced on or after January 1, 2003. If you have questions about when a program was produced, please e-mail ABA Center for Professional Development at www.abacle.org/contact.html



American Bar Association Center for Professional Development

321 N. Clark, Suite 1900

Chicago, IL 60654-7598

800.285.2221

www.abacle.org

ILLINOIS PARTICIPANT CONFIRMATION FORM
(For Use by Illinois-Licensed Attorneys Only)

The Illinois MCLE Board has approved the MCLE use all ABA recorded video and audio products produced since January 1, 2006. Attorneys licensed in Illinois can earn MCLE credit with ABA products recorded after this date. These products are good for 24 months following the recording date.

After completing the course, please complete this form and return it to the ABA MCLE Unit. Please provide all information for proper verification. After your participation has been verified, you will receive a Certificate of Attendance for your records. Please allow 2-4 weeks for verification and processing. **This form should not be used for live teleconferences and webcasts.** For live teleconferences and live webcasts, complete the attendance confirmation form provided for the program and return as indicated in the program instructions.

SPONSOR: American Bar Association

PROGRAM TITLE: _____

DATE PROGRAM COMPLETED: _____

PRODUCT CODE: _____ (see product label)

PRODUCT FORMAT: DVD ____ Audio CD ____ Online Course ____ Audio File/MP3/Podcast ____

Other (please specify) _____

PARTICIPANT INFORMATION: (please print)

Name: _____

Address: _____

Daytime Phone: _____

E-mail Address: _____

City, State, Zip: _____

TO BE COMPLETED BY ATTORNEY:

By signing below, I certify that I completed the activity described above and am entitled to claim _____ CLE credit hours including _____ professional responsibility credit hours.*

The ABA Participation Verification Code that I heard in the program is _____.

Attorney Name (Print)

Signature

Illinois State License (or Bar ID) Number

Date

Send to the ABA MCLE Unit via:

E-mail: mcle@americanbar.org (include "Illinois Confirmation Form" in the subject line)

Fax: (866) 524-5051

Mail: ABA MCLE Unit, 321 N. Clark, Suite 1900, Chicago, IL 60654-7598

* Illinois is a 60-minute credit hour state. The formula for determining your credit hour total is to take the total number of minutes you have dedicated to the course, divide by 60 and then round down to the nearest ¼ credit hour. The professional responsibility requirement in Illinois includes the area of professionalism, issues involving diversity, mental illness and addiction issues, civility or legal ethics.



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