



New Jersey Judiciary - Continuing Legal Education

Certificate of Attendance

This certificate is issued under Rule 1:42 and *BCLE Reg. 301:8* of the Board on Continuing Legal Education. **All credits are calculated on a 50-minute hour.**

Program Title		
Date Attended	Location	
Format (check all that apply)		
☐ Traditional live classroom setting ☐ CD ☐ Webinar		
☐ Teleconference / Videoconference ☐ DVD ☐ Other: _____		
☐ Simulcast ☐ Audio / Videotape		
Credit for Attendance:		
Total _____ as indicated below:		
_____ General credits (excluding Ethics)		
_____ Ethics credits (exclusive of Diversity / Inclusion / Elimination of Bias)		
_____ Diversity / Inclusion / Elimination of Bias credits		
Faculty Participation:		
☐ Speaker ☐ Panel Member ☐ Moderator ☐ Other: _____		
Additional Credit Total _____ as indicated below:		
_____ General credits for faculty participation (excluding Ethics)		
_____ Ethics credits for faculty participation (exclusive of Diversity / Inclusion / Elimination of Bias)		
_____ Diversity / Inclusion / Elimination of Bias credits for faculty participation		
This program has been approved for New Jersey Newly Admitted Attorney Credits:		
_____ credits in NJ Basic Estate Administration		
_____ credits in NJ Basic Estate Planning		
_____ credits in NJ Civil or Criminal Trial Preparation		
_____ credits in NJ Family Law Practice		
_____ credits in NJ Real Estate Closing Procedures		
_____ credits in NJ Attorney Trust and Business Accounting Fundamentals		
_____ credits in NJ Landlord Tenant Practice		
_____ credits in NJ Municipal Court Practice		
_____ credits in NJ Law Office Management		
_____ credits in NJ Administrative Law		
_____ credits in NJ Labor and Employment Law		
_____ credits in NJ Workers' Compensation Law		
Attorneys: Retain this certificate for a period of at least three years from the date of your attendance. In the event of an audit, you will be required to provide this certificate as proof of your compliance. By signing this certificate, you certify that you attended the activity described above and are entitled to claim the amount of credits listed.		

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Attorney Name	Attorney ID Number
Signature	Date
Providers: By issuing this certificate, you verify that the attorney named above completed this program.	
Provider Name	
Provider Representative Signature <i>Sinia Maile</i>	Date