

FOR COMMISSION USE ONLY		
Approved	Disapproved	

PLEASE TYPE OR PRINT



COMMISSION FOR CONTINUING LEGAL EDUCATION

REPORT OF COMPLIANCE

1. Name _____
 (Last name) (First name) (Middle initial)

2. Address _____

 _____ check if this is change of address

Email address: _____

3. Telephone _____

4. Year admitted to North Dakota Bar _____

5. Period covered by this report: July 1, 2014, thru June 30, 2017

6. Continuing Legal Education Hours completed during this period: _____

SPONSORING AGENCY	NAME OF COURSE	LOCATION OF COURSE	DATES ATTENDED	CLE CREDIT HOURS (rounded to nearest ¼ hour) PLEASE INDICATE ETHICS CREDITS	PLEASE INDICATE IF UCE OR SELF-STUDY
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7. Total hours completed during this period. _____

8. Were at least 3 of the hours listed above obtained in the area of ethics or course work commonly referred to as professional responsibility?
 a. Yes ___ b. No ___

9. Were any of the above hours acquired through teaching as provided in Section 3 of the Guidelines for Approved Course Work?
 a. Yes ___ b. No ___ If "Yes", indicate the number of hours claimed for time spent in preparation.

10. Were any of the above hours acquired through self-study as provided in Section 4 of the Guidelines for Approved Course Work?
 a. Yes ___ b. No ___ If "Yes", indicate the number of hours claimed for self-study.

11. No course or courses submitted on this Report have been submitted on a previous Report of Compliance. _____ (please "√")

SEND COMPLETED FORM WITH \$25 FILING FEE VIA EMAIL TO:

clecompliance@sband.org

OR

CHECK PAYABLE TO:

ND CLE Commission, PO Box 2136, Bismarck, ND 58502-2136.

CREDIT CARD INFORMATION:

Name on Card: _____

Address: _____

Credit Card No.: _____

Expiration Date: _____ CVV _____

AS REQUIRED BY RULE 3 OF THE MANDATORY CLE RULES:

Commission for Continuing Legal Education

P.O. Box 2136

Bismarck, ND 58502-2136

Special request from the SBAND CLE program planning committee: The committee that plans the topics for SBAND CLE programs wants your input. If you have a topic that you would like to see covered in an upcoming SBAND seminar or IVN program, you may contact the SBAND office at 701-255-1404.

I hereby swear or affirm the information in this report is, to the best of my knowledge, complete and accurate and that I did in fact participate for the number of hours indicated in the courses listed. I also affirm no course submitted on this report has been submitted on a previous report of compliance to this commission.

Signed
