

**Virginia MCLE Board**  
Virginia State Bar  
707 East Main Street, 15th Floor  
Richmond, VA 23219-2800  
Phone: (804) 775-0577 Fax: (804) 775-0544

**CERTIFICATION OF ATTENDANCE (FORM 2)**

To ensure proper credit, pursuant to Paragraph 17B, C and D of Section IV, Part Six, Rules of the Supreme Court of Virginia, please list your bar ID number and print full name and address.

The information provided will be available for inspection by the public under the Freedom of Information Act.

Member Name: \_\_\_\_\_ VSB Member Number: \_\_\_\_\_

Official Address  
of Record: \_\_\_\_\_

Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

City State Zip

Course ID Number: JX1599

Sponsor: Williams Mullen

Course/Program Title: IP Panel Presentation and Discussion

CLE (Ethics) Credits: 1.5 (0)

**CERTIFICATION**

Date(s) Attended: \_\_\_\_\_ Location(s): \_\_\_\_\_

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 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

You may certify your MCLE attendance online at [www.vsb.org](http://www.vsb.org)

**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

Fax transmissions are subject to receipt by the MCLE office of complete and legible forms.

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Official Address  
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Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

City State Zip

Course ID Number: JX1378

Sponsor: Williams Mullen

Course/Program Title: Virginia's Principles of Professionalism

CLE (Ethics) Credits: 1.0 (1.0)

**CERTIFICATION**

Date(s) Attended: \_\_\_\_\_ Location(s): \_\_\_\_\_

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.

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Official Address  
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\_\_\_\_\_ Daytime Phone(\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-Mail Address : \_\_\_\_\_

City State Zip

Course ID Number: JX0929

Sponsor: Williams Mullen

Course/Program Title: APABA Southeast Regional Conference

CLE (Ethics) Credits: 5.0 (2.0)

**CERTIFICATION**

Date(s) Attended: \_\_\_\_\_ Location(s): \_\_\_\_\_

By my signature below I certify

- I attended a total of \_\_\_\_\_ (hrs/mins) of **approved CLE**, of which (\_\_\_\_\_) (hrs/mins) were in **approved Ethics**.
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