OFFICE OF ATTORNEYS FOR CHILDREN
APPELLATE DIVISION, THIRD DEPARTMENT

CERTIFICATION OF CONTINUING LEGAL EDUCATION

Name: _____

Office Address: _____

_____

Office Telephone: _____

County of Panel Membership: _____

I certify that I have viewed the continuing legal education program indicated below, in its entirety, and ask that it be credited toward compliance with the Rules of NYS MCLE and the Appellate Division, Third Department concerning education and training of attorneys for children.

1. Format: [Check one]
   - Videotape ☐
   - DVD ☐
   - CD ☐
   - Online ☐

2. Program Title and Date: _____

   _____

3. Date Viewed: _____

4. Verification Codes: _____

   _____

   _____

   _____

   _____

5. Sign and Date: _____

   (Attorney) (Date)

For Appellate Division Use Only

Verification: The above stated CLE Verification Codes are correct for the program format listed and said attorney is entitled to ____ CLE credits.

_____

(Office of Attorneys for Children) (Date)

RETURN TO:

OFFICE OF ATTORNEYS FOR CHILDREN
APPELLATE DIVISION, THIRD JUDICIAL DEPARTMENT
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