APPELLATE DIVISION, THIRD DEPARTMENT CERTIFICATION OF CONTINUING LEGAL EDUCATION

	Name:		
	Office Address:		
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	County of Practice:		
		ne continuing legal education program indicated be ward compliance with the Rules of NYS MCLE.	low, in its entirety,
1.	Format: Online		
2.	Program Title and Date:		
3.	Date Viewed:		
4.	Verification Codes:		
5.	Sign and Date:	((D-4-)
		(Attorney)	(Date)
_		For Appellate Division Use Only	
Ver	ification: The above stated Classical is entitled to Classical classical control in the co	LE Verification Codes are correct for the program to CLE credits.	format listed and said attor
		(Assigned Appellate Counsel Plan)	(Date)

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