

KY Bar Association, CLE Commission, 514 West Main Street, Frankfort KY 40601-1883
Phone (502) 564-3795 FAX (502) 564-3225

KENTUCKY CERTIFICATE OF ATTENDANCE
for Approved/Accredited Continuing Legal Education Activity

Activity Identification

Sponsor: _____

Activity Title: _____

Date: _____ Location: _____ Activity #: _____

Format of Activity:

- ☐ **Live** (A live program takes place at a specific time and includes the opportunity to interact with or question the instructor. A video replay with a qualified attorney-facilitator, webcasts, and teleconferences are all "live" programs.)
- ☐ **Technological** (Technological programs are pre-recorded with no live interaction. A maximum of 6.0 credits may be reported per educational year.)
- ☐ **Approved In-House Activity**

This program has been approved by the Kentucky Bar Association for a TOTAL of _____ CLE CREDITS.

Of this TOTAL _____ credits are designated as ETHICS CREDITS.

If this program has not been previously approved by the Kentucky Bar Association, you must file a Form 1 "Application for Accreditation of CLE Activity".

Attorney Certification

PLEASE NOTE: KY CALCULATES CLE CREDITS BASED ON A 60 MINUTE CREDIT HOUR.

By signing below, I certify that I attended the activity described above and am entitled to claim
a TOTAL of _____ CLE credits, including _____ ethics credits.

Name (Print)

Signature

Address

Date: _____ KBA ID#: _____

Credit for Faculty Preparation

☐ Speaker ☐ Panel Member ☐ Author of Materials

Please claim credit for your actual participation/attendance time above.

You may also claim credit for **preparation**, not to exceed 12.0 CLE credits per education year (divide the actual hours of preparation by 2 to determine CLE credit).

Hours of preparation: _____ ÷ 2 = _____ CLE credits. This total includes _____ ethics credits.