

**Form 4**

**Certificate of Attendance  
for  
Illinois Minimum Continuing Legal Education**

**Section 1 (to be completed by Provider)**

Provider: \_\_\_\_\_

Course or activity title:     See attached agenda  
\_\_\_\_\_

Date and time of course or activity:     See attached agenda  
\_\_\_\_\_

Location of course or activity:     See attached agenda  
\_\_\_\_\_

Starting and ending times of course or activity:     See attached agenda  
\_\_\_\_\_

**Eligible Illinois MCLE credit:**

General MCLE hours: \_\_\_\_\_

Professionalism hours: \_\_\_\_\_

(Providers must obtain approval from the Commission on Professionalism in order to issue credit for professionalism hours, either as a full course or activity, or as a segment of a course or activity.)

**Section 2 (to be completed by Attorney)**

By signing below, I certify that I participated in the course or activity described above, and that I am entitled to claim the following Illinois MCLE credit hours:

General MCLE hours: \_\_\_\_\_

Professionalism hours: \_\_\_\_\_

(You may not claim professionalism credit unless the provider is granting professionalism credit for the program.)

Attorney signature: \_\_\_\_\_

Date: \_\_\_\_\_

**REMINDER:** Under the Illinois MCLE Rules, you must keep this record of attendance for three years after the end of the relevant two-year reporting period. In the event that you are audited by the MCLE Board, you may be required to submit this record of attendance. **Submit this form to the MCLE Board *only if you are audited.*** Please contact the provider if you want to confirm that your name appears on the provider’s attendance record.