

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

Section 1 (to be completed by Provider)

Provider: _____

Course or activity title: Legal, Psychological and Biomechanical Aspects
of Officer-Involved Lethal and Less Lethal Force

Date and time of course or activity: See attached agenda

Location of course or activity: [] Las Vegas, NV / [] San Francisco, CA

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.