



NEW YORK CLE CERTIFICATE OF ATTENDANCE

Issued under NYS CLE Program Rules §1500.4(b)(12) and NYS CLE Board Regulations & Guidelines §10(B)

This certificate may be used only for courses accredited by the NYS CLE Board.

All information must be entered by the CLE provider.

Attorneys must retain their certificates of attendance for at least four (4) years from the date of the program.

A. Attorney & Program Information

Attorney Name: _____

Program Title: _____

Attendance Date(s): _____

B. Credit for Attendance

Enter the number of credits earned in each category.

For Newly Admitted and/or Experienced Attorneys:

_____ Ethics & Professionalism

_____ Skills

_____ Law Practice Management

_____ Areas of Professional Practice

_____ Cybersecurity, Privacy & Data Protection-Ethics

_____ Cybersecurity, Privacy & Data Protection-General

For Experienced Attorneys Only:

_____ Diversity, Inclusion & Elimination of Bias

C. Credit for Faculty Participation

Enter the participation type and number of credits.

For Experienced Attorneys Only:

Speaker Moderator

Panel Member Law Competition Faculty

_____ Ethics & Professionalism

_____ Skills

_____ Law Practice Management

_____ Areas of Professional Practice

_____ Cybersecurity, Privacy & Data Protection-Ethics

_____ Cybersecurity, Privacy & Data Protection-General

_____ Diversity, Inclusion & Elimination of Bias

New York State CLE Board

www.nycourts.gov/attorneys/cle • Revised 01/2023

D. Format Completed by Attorney

1. Traditional Live Classroom

2. Live Simultaneous Transmission – Questions Allowed During Program (e.g., webconference, teleconference, videoconference)

3. Live Simultaneous Transmission – Questions Not Allowed During Program (e.g., webcast, broadcast)

4. Fully Interactive Videoconference

5. Prerecorded/On-Demand

6. Other (Describe): _____

E. Attorney's Method of Participation

Individual (log-in, dial-in, self-study)

Group (physically seated together)

F. Course Content is Appropriate for:

BOTH newly admitted & experienced attorneys, or

ONLY experienced attorneys, or

ONLY newly admitted attorneys

G. Provider Information

Provider Organization: _____

Address: _____

Telephone: _____

Email: _____

Provider Agent Name: _____

Provider Agent Signature: _____

The CLE Provider:

has been certified as an Accredited Provider by the NYS CLE Board, or

has had this individual course accredited by the NYS CLE Board as Course #: _____

This certificate may NOT be used to award CLE credit to New York attorneys under New York's Approved Jurisdiction policy.