REPLACEMENT CLE AFFIDAVIT
For Reporting Attendance at Approved Courses for Mandatory Continuing Legal Education
FOR USE BY THOSE SEEKING REINSTATEMENT OR TO CHANGE STATUS ONLY

INSTRUCTIONS: Fill out the form, print and have notarized, keeping a copy for yourself. Mail the form to ATTORNEY LICENSING, 2418 Airport Road, Suite 2, Barre, VT 05641 with the Replacement Licensing Statement. If you need additional space, please attach a separate page. Rules and Regulations of the MCLE Board can be found on our website at www.vermontjudiciary.org/LC/cle.aspx Questions should be directed to jud-attylicensing@state.vt.us

Attorney Name _____ Attorney License Number _____

Sponsoring Agency	Name of Course	Date Viewed or Attended	Number of General Credits	Number of Ethics Credits	Number of Professionalism Credits	Live or Self-Study

I swear or affirm that the information herein is, to the best of my knowledge, complete and accurate and that I did in fact attend, for the number of hours indicated, the courses listed.

Subscribed and sworn to before me this _____ day of _____, 20__

_____ _____
Notary Public Comm. Expires

_____
Attorney's Signature