

CLE Makeup Plan

INSTRUCTIONS: Fully complete this form and print out two copies. Mail one copy to **ATTORNEY LICENSING, 2418 AIRPORT ROAD, SUITE 2, BARRE, VT 05641** along with the **\$50 makeup plan fee**. If you are submitting the plan *for professionalism credit only* for the 07-09 reporting period, the makeup plan fee has been waived. Checks should be made payable to Attorney Licensing. Retain one copy for your records. The complete rules and regulations of the MCLE Board and Frequently Asked Questions are available at www.vermontjudiciary.org under the Continuing Legal Education link. Questions should be emailed to JUD-AttyLicensing@state.vt.us

Attorney Name _____ Attorney # _____

A minimum of 20 hours of approved CLE is required each reporting period, including 2 in ethics and 2 in professionalism. Self-study is limited to 10 credits.

Total General credits earned: _____ Total Professionalism credits earned: _____ Total Ethics credits earned: _____

Total General credit deficiency: _____ Total Professionalism I credit deficiency: _____ Total Ethics credit deficiency: _____

Section 7 of the Continuing Legal Education Rules requires that the makeup plan must contain a ***specific plan*** for correcting the attorney's noncompliance within 120 days.

I propose to make up the total deficiency of credits by attending the following approved courses:

Sponsoring Agency	Title of Course	# General Credits	# Ethics Credits	# Professionalism Credits	Live or Self-Study	Date of Course

Attorney Certification: I will attend the courses listed above within 120 days. I will notify the Director of any changes to this plan. I understand that the plan will be considered accepted by the MCLE Board unless I am notified otherwise within 30 days of receipt. I also understand that I will not be considered compliant with the MCLE rules until I have filed the **CLE Affidavit** (not later than 15 days following the 120-day period). I understand that failure to complete and report completion of this plan may result in suspension of my license to practice law.

Attorney Signature

Date