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

INSTRUCTIONS: This is a fillable form: to begin, click on a section and then tab to all other sections. Should you experience difficulty, you may print out this form and fill it in by hand. If you need additional space, please attach a separate page. 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. Checks should be made payable to Attorney Licensing. Rules and Regulations of the MCLE Board can be found on our website at www.vermontjudiciary.org Further 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 Credit	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.

_____
Attorney's Signature

Subscribed and sworn to before me this _____ day

of _____, 200____.

_____
Notary Public