



**VERMONT SUPREME COURT  
OFFICE OF THE STATE COURT ADMINISTRATOR  
OFFICE OF ATTORNEY LICENSING**

**Certification of Completion  
of Section 10 CLE Makeup Plan**

**Contact Information**

1. Last name:
2. First name:
3. Attorney License Number:
4. Email address:

**By signing and submitting this form, I understand that I am certifying each of the following:**

- I completed all of the continuing legal education hours listed in the Makeup Plan that I filed on \_\_\_\_\_, 20\_\_\_\_\_, within 120 days of the filing of that Plan.
- I have now completed at least 20 hours of accredited continuing legal education for the reporting period that ran from July 1, 20\_\_\_\_\_ thru June 30, 20\_\_\_\_\_.
- At least 2 of those hours were accredited in ethics.
- No more than 10 of those hours were "self-study" as defined by the Rules for Mandatory Continuing Legal Education.
- I will keep records demonstrating completion of the continuing legal education requirements for the above-listed reporting period for two years from the date of signing this form and make them available to the Office of Attorney Licensing upon request.
- I understand that the hours of continuing legal education that I completed pursuant to the Makeup Plan mentioned above cannot be used to satisfy other continuing legal education requirements, including the continuing legal education requirements for the current reporting period.

Date: \_\_\_\_\_

Attorney Signature: \_\_\_\_\_