



VERMONT SUPREME COURT
OFFICE OF ATTORNEY LICENSING
32 CHERRY STREET, SUITE 213
BURLINGTON, VT 05401
JUD.ATTYLICENSING@VERMONT.GOV

Certification of Completion of CLE Makeup Plan

Contact Information

Name:

Attorney License Number:

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

- I have completed all of the MCLE hours listed in my previously-filed MCLE Makeup Plan.
- I have now completed the requirement for the previous two-year reporting period as laid out in Rule 3 of the Rules of Mandatory Continuing Legal Education.
- I will keep records demonstrating completion of the MCLE requirements for the previous 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 MCLE hours that I completed pursuant to the Makeup Plan mentioned above cannot be used to satisfy other MCLE requirements, including the MCLE requirements for the current reporting period.

Signature: _____

Date: _____