

**REQUEST FOR CLE CREDIT BY THE TEACHER OF AN APPROVED CLE ACTIVITY**

**To Be Completed by Teacher**

1. PROGRAM: 2019 Statewide Conference
2. PROGRAM IDENTIFICATION NUMBER: OTH63734
3. DATE AND LOCATION: October 9-11, 2019 Cobblestone Inn
4. SUBJECT OF YOUR PRESENTATION: \_\_\_\_\_
5. DATE AND LOCATION OF PRESENTATION: October 9, 2019 Cobblestone Inn, Fairfield Bay
6. Did you receive monetary compensation solely for your presentation?  Yes  No  
*Please note that reasonable reimbursement for expenses for meals, lodging, and transportation are not considered monetary compensation for purposes of this rule.*
7. If your presentation was not part of a panel, how long was your presentation? 90 Minutes  
*Calculated on basis of 60-minute hour or portion thereof, rounded to nearest ¼ hour.*
8. If your presentation was as a member of a panel, how long was the panel presentation in its entirety? N/A  
*Calculated on basis of 60-minute hour or portion thereof, rounded to nearest ¼ hour.*

Did you personally prepare and distribute written materials for your panel presentation?

Yes  No

9. The undersigned teacher represents that the presentation(s) noted above comply with the Arkansas Rules for Minimum Continuing Legal Education and any regulations promulgated pursuant thereto. The teacher further understands and acknowledges that the Arkansas Continuing Legal Education Board reserves the right to determine the number of CLE hours to which the undersigned attorney is entitled as a CLE teacher for this program

Print Name: \_\_\_\_\_

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

Arkansas Supreme Court Registration Number \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip code

Sponsor: Legal Aid of Arkansas

Date: 10/09/2019

# REQUEST FOR CLE CREDIT BY THE TEACHER OF AN APPROVED CLE ACTIVITY

## CERTIFICATE OF ATTENDANCE FOR REMAINDER OF ABOVE PROGRAM

In addition to the credit I am claiming above for teaching at this program, I certify that I am entitled to claim \_\_\_\_ general credit hours and \_\_\_\_ ethics hours as a result of attendance during the remainder of the program.

(Do not include in the above total the amount of time claimed for your presentation.)

Signature \_\_\_\_\_

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### TO BE COMPLETED BY SPONSOR

1. Sponsor ID#: 12

Program ID: **OTH63734**

2. The undersigned sponsor representative confirms the representations made by the above-mentioned CLE teacher, (only to the extent of his presentation,) and, further confirms that his/her presentation was in compliance with the Arkansas Rules for Minimum Continuing Legal Education and any regulations promulgated pursuant thereto.

3. Sponsor name: **Legal Aid of Arkansas**

4. Sponsor representative: **Legal Aid of Arkansas**

5. Date: **October 09, 2019**