

# CERTIFICATE OF ATTENDANCE

## eFlex Electronic Filing Training

PROGRAM I.D. NO. INT50937

Please complete this form if you wish to receive continuing legal education. In the form below, enter the date and time of the session that you attended. At the bottom the column enter the total CLE hours you are claiming for this program. Report only actual time attended.

You must print and mail the completed form to the following address to receive credit:

Arkansas Supreme Court  
Office of Professional Programs  
2100 Riverfront Drive, Suite 110  
Little Rock, Arkansas 72202-1747

DATE	TIME	SESSION	GENERAL	ETHICS
		eFlex Electronic Filing Training	1.0	
TOTAL HOURS ATTENDED:				
MAXIMUM TOTAL CLE HOURS			1.0	

Print:

Name:	
Arkansas Supreme Court Number:	
Phone #:	
Address:	

I certify that I am entitled to \_\_\_ general hours of credit and, 0 hour(s) of ethics credit for this program.

CLAIMING HOURS FOR SEGMENTS NOT ACTUALLY ATTENDED IS A VIOLATION OF RULE 8.4(c) OF THE MODEL RULES OF PROFESSIONAL CONDUCT FOR LAWYERS.

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

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