

New York State Bar Association High School Mock Trial Program

Request For CLE Credit Verification Form

NEW YORK STATE MCLE RULES PERTAINING TO CLE CREDIT FOR MOCK TRIAL PARTICIPATION

One (1) CLE credit hour may be earned for each 50 minutes of participation in a high school or college law competition. (No additional credit may be earned for preparation time.) A maximum of three (3) CLE credits in skills may be earned for judging or coaching mock trial competitions during any one reporting cycle, i.e., within a two-year period. Newly admitted attorneys (less than 24 months) are NOT eligible for this type of CLE credit. Go to www.nysba.org/mtclecredit for more information.

IMPORTANT! *You must complete this form to receive CLE credit.* Completed forms should be returned to your County Coordinator or sent directly to the Mock Trial Program Manager at the NYS Bar Association for processing (**form must be signed to be valid**). Your CLE certificate will be emailed directly to you once it has been issued by the NYSBA, **so be sure to include a valid email address below.**

Questions? Contact the NYS Bar Association's Mock Trial Program Manager, Kim Francis, at kfrancis@nysba.org.

Are you a member of the New York State Bar Association? Yes No If Yes, what is your member ID #? _____
(if you do not know your ID #, leave blank)

PLEASE PRINT NEATLY

◆ Your Name: _____

◆ Home Address: _____
Street City State Zip Code

◆ Name of Firm/Court : _____

◆ Work Address: _____
Street City State Zip Code

◆ Primary Email Address (**required**): _____

Your CLE Certificate will be sent to you by email, so please be sure to include your email address!

PLEASE NOTE: New York State MCLE Rules pertaining to CLE credit for mock trial participation only allows a maximum of 3.0 credits per biennial registration cycle, even if you served in more than one county and/or on more than one date during the mock trial tournament season. You may review the Rules online at www.nysba.org/mtclerules.

◆ County of Service where you Coached or Judged: _____

◆ Date of Service: _____ Hours of Service: _____

By signing below, I certify that the information provided on this form is accurate.

➤ Signature: _____ Date: _____

THIS FORM IS NOT VALID WITHOUT YOUR SIGNATURE AND DATE!