

A**Date of Activity****B****Activity Title****C****Activity Provider****D****Subject Matter****60 Min = 1 CLE Hr****G****Verification**
(for participatory study only)
V. Agent and Student must
Initial all hours below.

Enter Date Devoted to Study	Already Filled In	Filled In	Filled In	Circle SS Self Study Circle PS Participatory		CIRCLE SS...For SELF STUDY CREDIT CIRCLE PS...For PARTICIPATORY CREDIT				Student Only Signs for SS Student & V. Agent for PS
				Skills (CD's)	S.S. P.S. (CD's)	Law Practice Management (CD's)	Bias (CD's)	Sub Abuse (CD's)	Ethics (CD's)	
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
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Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x
Mo Day Year / /	CD No. Title	Ulrich, Nash & Gump	General Law		S.S. P.S. 1					Student: x V. Agent: x

Sign Off Claim

By signing below, I certify that I participated in the activity described above and am entitled to claim the following MCLE hours.

Wrong Title? Cross it out and write in correct CD Title**Page 3 of 4**

X _____ Date _____ALL FILES IN MSPUB FOLDER....