



ATTORNEY CLE FORM

NOTE: This form **MUST** be emailed to mary.mccann@ccla.org at the conclusion of the event in order for CLE accreditation to be properly processed with the state(s). **It is your responsibility to make sure that the CLLA office receives this form no later than Friday, March 6, 2026.**

Name: _____

Firm/Agency: _____

Business Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

State(s) of Bar Licensure*:

State _____ Bar # _____ State _____ Bar # _____

State _____ Bar # _____ State _____ Bar # _____

*Disclaimer: CLLA is not responsible to report states NOT listed on the conference registration form.

Indicate with a check (✓) the sessions you attended for CLE credit(s).

Saturday, February 14, 2026

- The Benefits and Burdens of Utilizing the Arbitration Process (1)
- Murdaugh Moxie and Living Life on Your Own Terms (1) (Ethics Credit)
- The Blinding of Isaac Woodard and the Awakening of America (1)

By signing below, I certify that I attended the programs described above and am entitled to claim _____ total credit hours. This includes _____ ethics hours.

Signature: _____

For office use only

Accepted: _____ Date: _____

Course#/State(s): _____