CONTINUING LEGAL EDUCATION

CERTIFICATION OF ATTENDANCE

**FOR ATTORNEYS ACCEPTING ASSIGNMENTS IN**

**ADULT CRIMINAL CASES IN MICHIGAN**

Michigan Indigent Defense Commission (MIDC) **Standard 1** requires that attorneys shall **annually** complete at least **twelve hours** of continuing legal education. Attorneys with fewer than two years of experience practicing criminal defense in Michigan shall participate in one basic skills acquisition class. This requirement will be met by attending qualifying training annually between **January 1 through December 31**. The MIDC’s website has additional information about this standard: <https://michiganidc.gov/standards/> For information about continuing legal education, please see the MIDC’s website at <https://michiganidc.gov/cle/>

**PLEASE USE THIS FORM TO CERTIFY YOUR ATTENDANCE**

Training Provider (CDAM, SADO, etc) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required for form to be accepted)**

\_\_\_ Live session

\_\_\_ Recorded session

Please provide date of original recording: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*NOTE: recordings older than 3 years from the date of viewing will not be accepted for credit towards compliance unless previously approved by the MIDC’s Director of Training, Outreach & Support*.

**By signing below, I certify that I attended the session described above and am entitled to claim \_\_\_\_\_\_\_\_\_ CLE credit hours/minutes in attendance.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature P#**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Name email address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip County/Court(s) of practice

You are responsible for completing this form, keeping a copy for your own records, and submitting it to LARA-MIDC-CLE@michigan.gov by email within 30 days from completion of the training. Any questions or concerns about continuing legal education for assigned counsel? Please contact Deborah Mitchell, MIDC Training Analyst, at 517-643-6875 cell/text or [MitchellD20@michigan.gov](mailto:MitchellD20@michigan.gov) anytime.