

TOTAL HOURS						
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- 7. Total hours completed during this period. _____
- 8. Were at least 3 of the hours listed above obtained in the area of ethics or course work commonly referred to as professional responsibility?
a. Yes _____ b. No _____
- 9. Were any of the hours acquired through teaching as provided in Section 3 of the Guidelines for Approved Course Work?
a. Yes _____ b. No _____ If "Yes", indicate the number of hours claimed for time spent in preparation.
- 10. Were any of the above hours acquired through self-study as provided in Section 4 of the Guidelines for Approved Course Work?
a. Yes _____ b. No _____ If "Yes", indicate the number of hours claimed for self-study.
- 11. No course or courses submitted on this report have been submitted on a previous Report of Compliance. _____ (please "☑")

Special request from the SBAND CLE program planning committee: The committee that plans the topics for SBAND CLE programs wants you input. If you have a topic that you would like to see covered in an upcoming SBAND seminar or IVN program, you may contact the SBAND office at 701-255-1404 or comment here:

SEND COMPLETED FOR WITH \$25
(Make checks payable to Commission for Continuing Legal Education) AS
REQUIRED BY RULE 3 OF THE MANDATORY CLE RULES:

Commission for Continuing Legal Education
PO Box 2136
Bismarck ND 58502-2136

I hereby swear or affirm the information in this report is, to the best of my knowledge, complete and accurate and that I did in fact participate for the number of hours indicated in the courses listed. I also affirm no course submitted on this report has been submitted on a previous report of compliance to this commission.

Signed _____

Subscribed to and sworn before me this ____ day of _____, 20 ____

Notary Public _____

My Commission expires _____