



Continuing Legal Education Certificate of Compliance

Reporting period: ____/____/____ through ____/____/____.

I, _____, ISB Membership Number _____, hereby certify under penalty of perjury that I have completed a minimum of fifteen (15) credits of continuing legal education as outlined below, and that the courses listed have been approved for Reciprocal Admission Credit (RAC) by the Idaho State Bar as required by Rules 206(d) of the Idaho State Bar Commission Rules.

Course Title and ISB Course No:	Completion Date(s):	Sponsoring Organization:	Course Location:	Total Credits:	Includes No. of Ethics Credits:	Includes No. of Self Study Credits:
TOTALS:						

Dated this _____ day of _____, _____

Attorney Name (Please Print)

Attorney Signature

(Photocopy this Form as Necessary)