

Out of State Mandatory Continuing Legal Education (MCLE) Certificate of Compliance

Attorney Name:		
Primary Practice State:		
	above and ask the MCLE compliance department in your per the certificate to you. Submit the completed and signed cer	
MCLE Compliance Official:		
	e Bar that his or her primary office for the practice of e your state's MCLE compliance to meet the Idaho	
Please provide the following information:		
Is the attorney currently in compliance with your state mandatory continuing legal education (MCLE) require		☐ No
The attorney's current MCLE reporting period	through	
The date the attorney's most recent previous reporting	ng period ended	
Did the attorney comply with your state's MCLE requi submission of approved credits during his or her prev		□ No
Dated this day of	,,	
	MCLE Compliance Official's Signature	
	Title	