

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

Attorney Name: _____

Primary Practice State:

Attorney – fill in your name and primary practice state above and ask the MCLE compliance department in your primary practice state to complete the information below and return the certificate to you. Submit the completed and signed certificate with your Idaho State Bar licensing.

MCLE Compliance Official:

The above listed attorney informed the Idaho State Bar that his or her primary office for the practice of law is located in your state and he or she wishes to use your state's MCLE compliance to meet the Idaho MCLE requirements.

Please provide the following information:

Is the attorney currently in mandatory continuing lega				🛛 Yes	🗖 No
The attorney's current MCLE reporting period			_ through		
The date the attorney's mo	ost recent previous report	ting period ended			
Did the attorney comply wi submission of approved cr		•		🖵 Yes	🗖 No
Dated this	day of			,	
		Signature			
			Title		