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**CLE REPORTING FORM**

KEEP TRACK OF YOUR CLE CREDITS AND SUBMIT THIS VERIFICATION FORM WITH YOUR RENEWAL APPLICATION AND SUPPORTING DOCUMENTATION.

Continuing Legal Education ("CLE") Requirements: Complete twelve (12) hours of CLE with two (2) of the twelve (12) hours being in ethics for every two (2) years' renewal.

Please submit this form together with the required documentation for each CLE listed hereon. (Refer to the Illinois Paralegal Association ILAP Plan to ascertain what programs will satisfy the requirements and how CLE hours are determined.) This form can be duplicated and submitted with your Renewal Application.

**NAME OF APPLICANT:** \_\_\_\_\_

Contact No. \_\_\_\_\_ Email Address \_\_\_\_\_

**Provider Information:**

Host/Provider: \_\_\_\_\_

Seminar Title: \_\_\_\_\_

Speaker: \_\_\_\_\_

Date: \_\_\_\_\_ Length of Presentation: \_\_\_\_\_ hours substantive (S) \_\_\_\_\_ hours ethics (E)

Location: \_\_\_\_\_

**Participant Verification:** By signing below the participant hereby certifies that he/she has attended the above CLE event for the length of time noted above.

\_\_\_\_\_  
Participant's Signature

**Supporting Verification:** In the event supporting documentation is unattainable, supporting verification is required in order to validate Proof of Attendance. Such Verification may be provided by the Participant's employer, the seminar speaker or provider/moderator, or similarly authorized individual (please specify below).

The following authorized signature certifies that the Participant named in this Proof of Attendance participated in the above-name seminar for the number of hours indicated in the Participant's Verification:

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone or Email

Basis of Authorized agent (check one) \_\_\_\_\_ Employer \_\_\_\_\_ Speaker \_\_\_\_\_ Provider/Moderator \_\_\_\_\_ Other