



**Pennsylvania Certified Paralegal (Pa. C.P.)
CLE Proof of Attendance for Employer-Sponsored Events**

PLEASE PRINT

Pa. C.P. Name: _____ Email Address: _____
 Employer: _____ Work Phone No.: (____) _____
 Employer Address: _____

Number of CLE Credits	CLE Details	Date CLE Held
	Host/Provider: _____ Seminar Title: _____ Speaker: _____ Location: _____	
	Host/Provider: _____ Seminar Title: _____ Speaker: _____ Location: _____	
	Host/Provider: _____ Seminar Title: _____ Speaker: _____ Location: _____	
	Host/Provider: _____ Seminar Title: _____ Speaker: _____ Location: _____	
	Total Substantive CLEs _____ Total Ethics CLEs _____	

When counting CLE credit hours, count only the actual hours of instruction. Credit is not given for lunch, breaks, registration or social periods. The Keystone Alliance requires proof of timeline, i.e., a copy of agenda or brochure, be included with all Renewal Applications.

By signing below, I hereby certify that I have attended the CLE event(s) as described above:

Pa. C.P.'s Signature

I certify that the Pa. C.P. named above participated in the seminar(s) described above:

Signature of Authorized Agent

Print Name

phone or email

Basis of Authority (check one): Employer Speaker Provider/Moderator Other: _____