



**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 and Type* 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: _____	
	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 a copy of the agenda or brochure be included with this completed Proof of Attendance form for purposes of indicating start and finish times, name of the entity which preapproved the CLE credits (if any), and any additional information which may be required to approve the requested CLE credits.

*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: \_\_\_\_\_

\*Please indicate "S" for substantive or "E" for ethics