

**Request for CLE Credit for
Trainings Produced by SADO's Criminal Defense
Resource Center**

Attorney Name: _____ P Number: _____

Email Address: _____

Program Title(s): _____

Participation Date(s): _____

No. of Hours Participated: _____

Type of Participation: In-Person Live Webinar Pre-Recorded Video

Additional Notes: _____

I participated in the CLE activity described above for the total hours indicated.

Attorney Signature: _____ Date: _____

**Certification of CLE Hours
For CDRC Use Only**

Participation was verified. Participation was not able to be verified.

CDRC Employee: _____ Date: _____

****You may submit one form for multiple trainings if you wish****

Please complete and return this form to Heather Waara at hwaara@sado.org.