

**SUPREME COURT OF ARKANSAS
ARKANSAS CONTINUING LEGAL EDUCATION BOARD
2100 RIVERFRONT DRIVE, SUITE 110
LITTLE ROCK, AR 72202
Telephone: 501-374-1855
Facsimile: 501-374-1853**

REQUEST FOR CLE CREDIT BY A SPEAKER

(NOTE: MODERATORS WHO DO NOT CONTRIBUTE SUBSTANTIVE INSTRUCTION MAY NOT RECEIVE ENHANCED CREDIT AS A SPEAKER).

1. Title of program: 2019 Southwest Regional CME/CLE Program – Hot Springs
2. Subject of your presentation: _____
3. Date(s) and location(s) upon which you spoke:
(1) October 26, 2018- Hot Springs Convention Center and Bank of Ozarks Arena; Hot Springs, AR
(2) _____
4. If your presentation was as a solo speaker (not part of a panel), how long was your presentation? (rounded to nearest 1/4 hour) _____
5. If your presentation was as a member of a panel, how long was the panel presentation in its entirety? (rounded to nearest 1/4 hour) _____
6. The undersigned speaker states that the presentation(s) noted above comply with the Arkansas Rules and Regulations for Minimum Continuing Legal Education.
7. Print name: _____ Signature: _____
8. Tel. No. _____ Supreme Court Reg. No. _____
9. Mailing Address: _____
P.O. Box or Street

City State Zip Code

**CERTIFICATE OF ATTENDANCE FOR
REMAINDER OF PROGRAM**

In addition to the credit I am claiming for speaking at this program, I am entitled to claim general credit hour(s) and ethics hour(s) for the remainder of the program. (Do not include the amount of time claimed for your presentation.)

Signature

TO BE COMPLETED BY SPONSOR

1. **Sponsor ID#:** _____ **Program ID#:** ADR63585

2. **The undersigned sponsor representative confirms the representations made by this speaker, (only to the extent of the presentation) and further confirms that the presentation was in compliance with the Arkansas Rules and Regulations for Minimum Continuing Legal Education.**

3. **Sponsor name:** Arkansas Alternative Dispute Resolution Commission

Sponsor representative: Stephanie Copeland, Trainings and Program Coordinator

October 26, 2018

Date