



**THE STATE BAR OF ARKANSAS
APPLICATION FOR CONTINUING LEGAL EDUCATION
FOR SERVICE ON AN ARKANSAS SUPREME COURT BOARD,
COMMISSION OR COMMITTEE**

ATTORNEY'S NAME: _____

ATTORNEY'S E-MAIL ADDRESS: _____

DATE(S) OF SERVICE: _____

Number of general credit hours claimed (An attorney may earn general credits at a rate of one (1) hour of credit for every three (3) hours performed. A maximum of three (3) hours may be claimed per reporting period.)

By my signature below, I certify that I performed the service hours above and am eligible to receive the credit hours. CLAIMING HOURS FOR SERVICES NOT PERFORMED IS A VIOLATION OF RULE 8.4(c) OF THE MODEL RULES OF PROFESSIONAL CONDUCT FOR LAWYERS.

ATTORNEY'S SIGNATURE

ARKANSAS BAR NO.

DATE SIGNED

THIS SECTION TO BE COMPLETED BY AUTHORIZED BOARD STAFF ATTORNEY

By my signature below, I am certifying that the above active member of the Supreme Court of Arkansas Board, Commission or Committee has performed the stated general hours listed above and shall be granted credit for their service.

STAFF ATTORNEY NAME (PRINT)

SIGNATURE

NAME OF SUPREME COURT BOARD, COMMISSION OR COMMITTEE

DATE SIGNED

**Within 30 days of service, this form should be filed with
The Arkansas Office of Professional Programs, 2100 Riverfront Drive, Ste. 110, Little Rock, AR
72202 Phone (501) 374-1855 / Fax (501) 374-1853/ Email Form to: clearkansas@arcourts.gov**