

UNIFORM CERTIFICATE OF ATTENDANCE

Within 30 days of the activity, this certificate shall be filed
with the appropriate MCLE Board(s) or Commission(s).

SPONSOR: National College for DUI Defense

ACTIVITY TITLE: NCDD 2016 SUMMER SESSION

LOCATION: CAMBRIDGE, MA

DATE: JULY 21-23, 2016

ACTIVITY NUMBER:

(for those states designating seminar numbers)

This program has been
approved for a total of

14.5 ** CLE Credits based on 60-minute hour

17.4 ** CLE Credits based on 50-minute hour

1 Ethics Credit (included in total)

Reminder: Introductory remarks, keynote addresses, business meetings, breaks and receptions are not to be included in computing credit.

TO BE COMPLETED BY THE ATTORNEY:

By signing below, I certify that I attended the activity described above and am entitled to claim
_____ CLE credit hours, including _____ ethics credits.

James Dunn

Attorney Name (print)

676362

State Bar Number

Massachusetts

State where credits are to be registered
(please complete a separate form for each state)

Acknowledged by:

Signature

7/23/2016

Date

Rhea C. Kirk, Executive Director

****See awarded credits for your state on accompanying CLE Information form. Credits listed denote full attendance. If you arrive late or leave prior to the program ending, it is your responsibility to adjust CLE hours accordingly.**