

AFFIDAVIT OF COMPLIANCE WITH RULE 45, ARIZ. R. SUP. CT. MANDATORY CONTINUING LEGAL EDUCATION REQUIREMENTS

State Bar of Arizona 99

APPLICATION FOR MCLE REINSTATEMENT

otate Dai of mizona
MCLE Department
PO Box 842699
Los Angeles, CA 90084-269
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Signature:

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City					State		Zip	
Tel		Email						
1.	(chec	a. Regular/Active; residing in state Subject to COJET Non-Resident member in compliance with Arizona's requirements Rule 38(a) registrants (IHC) in compliance with Arizona's requirements Rule 38(b), 38(f), or 38(g) attorneys Specialist Certificates of attendance/completion must be provided for all listed events. If carry forward from prior year is used, those certificates must also be provided. B. Subject to COJET Non-Resident compliant with the MCLE jurisdiction in which I am admitted/registered and live in: Rule 38(a) registrants (IHC) compliant with the MCLE jurisdiction in which I am admitted: Proof of compliance in another jurisdiction must be provided.						
			those certificates mus	st also be provid	ea.			
2.	Carry	y Forward fro	om prior year (if applicabl		Total Hrs:		of which	are ethics.
3.	CLE	Completed:		you must complete Provi	Total Hrs: Section 2 above, and	ax 15)	(max 3)	Type of CLE
3.	Date	Completed: Note: Even i	om prior year (if applicable of you attach a list of CLE, y	Je): you must complete Provi	Total Hrs: Section 2 above, and der ours Claimed:	ax 15) d Sectons 4 a Total CLE Hrs	(max 3) and 5 below. of which x hrs are Ethics	Type of CLE
4.	CLE Date Total	Completed: Note: Even i Title	om prior year (if applicable f you attach a list of CLE, you attach a	Je): you must complete Provi	Total Hrs: Section 2 above, and der ours Claimed: Total Hrs:	ax 15) d Sectons 4 a Total CLE Hrs	of which	Type of CLE
3.	CLE Date Total	Completed: Note: Even i Title	om prior year (if applicable of you attach a list of CLE, y	Je): you must complete Provi	Total Hrs: Section 2 above, and der ours Claimed: Total Hrs: Total Hrs:	ax 15) d Sectons 4 a Total CLE Hrs	(max 3) and 5 below. of which x hrs are Ethics	Type of CLE

_____ Date: ___