



## Participatory Witness Certification Form

*(The completed form must be faxed back to us at 516-481-4172)*

I, the undersigned, attest that the attorney, whose name, bar number and signature appear below, listened to the following MCLE Audio program for the amount of time:  
(Please print)

Program Title: \_\_\_\_\_

Amount of time spent listening to program (e.g., 2.0 hours) \_\_\_\_\_

Name of attesting witness(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_

<Signature of attesting witness (s)>

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of attorney requesting participatory credit: \_\_\_\_\_

Bar Number \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_

<Signature of attorney seeking participatory credit>

Date \_\_\_\_/\_\_\_\_/\_\_\_\_