



**VERMONT SUPREME COURT**  
**OFFICE OF ATTORNEY LICENSING**  
**32 CHERRY STREET, SUITE 213**  
**BURLINGTON, VT 05401**  
**ATTYLICENSING@VTCOURTS.GOV**

### **Certification of Completion of CLE Makeup Plan**

#### **Contact Information**

Name:

Attorney License Number:

#### **By signing and submitting this form, I am certifying each of the following:**

- I have completed all of the MCLE hours listed in my previously-filed MCLE Makeup Plan.
- I have now completed the requirement for the previous two-year reporting period as laid out in Rule 3 of the Rules of Mandatory Continuing Legal Education.
- I will keep records demonstrating completion of the MCLE requirements for the previous reporting period for two years from the date of signing this form and make them available to the Office of Attorney Licensing upon request.
- I understand that the MCLE hours that I completed pursuant to the Makeup Plan mentioned above cannot be used to satisfy other MCLE requirements, including the MCLE requirements for the current reporting period.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_