

Tennessee Commission on Continuing Legal Education

Affidavit of Compliance - 2021 Compliance Year

I, _____, BPR # _____ do hereby swear or affirm that I have completed the credits listed below, that these credits complete my requirements of twelve (12) hours of general credits and three (3) hours of ethics/professionalism credits for the 2021 CLE year, that I understand I may use distance learning credits to meet all my 2021 and 2022 CLE requirements through December 31, 2022, and that for each hour shown below of CLE credit where I must self report and pay the fee(s) as required by Rule 21, Section 8,* I have added \$2 per hour to the amount due. Further, I affirm all courses and/or all activities shown below have already been accredited and/or approved by the Tennessee Commission on CLE.

I ACKNOWLEDGE IT IS MY RESPONSIBILITY TO VERIFY THAT THE HOURS LISTED HEREIN ARE REPORTED AND PAID FOR BY THE PROVIDER OR BY ME. ** FAILURE TO DO SO MAY RESULT IN THE SUSPENSION OF MY LAW LICENSE.

Provider	Course Title	Online?	TN CLE Course #	Date	EP/Dual	Gen
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				

NOTE: If you run out of space to list all courses, use the attached supplemental page to list the remaining courses.

Fee required on Notice of Non-Compliance \$ _____
 Rule 21, Section 8, fees unpaid* TOTAL Hours x \$2.00 \$ _____
 TOTAL PAYMENT INCLUDED: \$ _____

*Attorneys must self-report on the appropriate form found on www.tnccle.com, and pay the reporting fee(s) to receive CLE credit for the following activities ONLY: teaching credits; indigent defense credits; writing credits; public service credits; bar exam credits (out-of-state); bar review course credits; and bar examiner credits; pursuant to Rule 21, Section 8.

** CLE credits will not post until payment is made.

CERTIFICATION

I declare under the penalty of perjury the above information listed in this Affidavit is true and correct.

 Attorney's Signature Date _____

Email: _____ Phone: _____

State of: _____ County of: _____

Sworn to and subscribed before me this _____ day of _____, _____.

 Notary Public My Commission Expires: _____

