



ATTORNEY CLE FORM

NOTE: It is suggested that CERTIFICATES be emailed to mary.mccann@ccla.org at the conclusion of the event. It is your responsibility to make sure that the CLLA office receives your certificate no later than Friday, November 28, 2025.

Name: _____

Firm/Agency: _____

Business Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

State(s) of Bar Licensure:

State _____ Bar # _____ State _____ Bar # _____

State _____ Bar # _____ State _____ Bar # _____

Indicate with a check (✓) the sessions you attended for CLE credit(s).

Thursday, November 6, 2025

- ☐ Small Collections: How AI is Reshaping the Collection Industry (1)
- ☐ The Rosenthal Effect: Legislative Trends and Outcomes Essential to Agencies and Attorneys (1)
- ☐ The Effects of the Current Inflationary Economic Environment on the Triadic System (1)
- ☐ Ethics and Collegiality in Communications: Electronic Communication and the Practice of Law (1) (Ethics Credit)
- ☐ Behind the Gavel: Bankruptcy Issues as Observed from the Bench (1)

By signing below, I certify that I attended the programs described above and am entitled to claim _____ total credit hours.

This includes _____ ethics hours.

Signature: _____

For office use only

Accepted: _____ Date: _____

Course#/State(s): _____