# **Certificate of Completion**

for

presented to

for the completion of

ABA Program ID Webinar or Teleconference on

#### **Jurisdiction Accreditation Details**

Accreditation Status

ID: Training Type

Jurisdiction Activity /Approval Code

#### jurisdiction id

TO BE COMPLETED BY ATTENDEE:

By signing below, I certify that I completed the program described above and am entitled to claim the credits detailed.

#### Signature

### \* \* \* CREDITS \* \* \*

TOTAL CREDITS based on attended sessions

#### ATTENDEE'S TOTAL CREDITS ABOVE INCLUDE

**Credit Hour** 

Specialty Credit Type

Technology

Available credits may be subject to your jurisdiction's rounding requirements.

ABACLE MCLE Department 321 N. Clark Street Chicago, IL 60654

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Gina Roers-Liemandt, ABACLE Director

**\* \* \* IMPORTANT INFORMATION FOR YOUR JURISDICTION \* \* \*** 

## **Sessions Attended**

Attended	Title	Date	Start Time		Attended Duration (minutes)	Jurisdiction Credit Type	ABA Session ID
Yes		Nov 07, 2024	03:00 PM	60	60	Technology	EP2411UDA