

# **Certificate of Completion**

for

presented to jurisdiction

for the completion of

ABA Program ID

Webinar or Teleconference

on

#### **Jurisdiction Accreditation Details**

Accreditation Status

ID: Training Type

Jurisdiction Activity /Approval Code

#### 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** 

General

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

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

Gina Roers-Liemandt, ABACLE Director

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

## **Sessions Attended**

A	Attended	Title	Date		Duration	Attended Duration (minutes)	Jurisdiction Credit Type	ABA Session ID
7	/es		Dec 06, 2022	01:00 PM	90	90	General	CL2312KNW03