

CLE ADDITIONS/DELETIONS FORM

Return completed form by mail or fax to:

Office of Professional Programs
2100 Riverfront Drive, Suite 110
Little Rock, AR 72202

FAX: 501-374-1853

ADDITION OF COURSES

Sponsor	Program	Location	Date	Gen Hrs.	Ethics Hrs.

If deleting or correcting an existing course entry, contact our office at 501-374-1855.

CHANGE OF ADDRESS OR CONTACT INFORMATION:

Name: _____

Telephone Number: _____

New Address:

E Mail: _____

CERTIFICATION: By signing below, I certify have reviewed the entries above and certify that any corrections or additions are correct.

Attorney Signature _____

REQUIRED

Bar Number: _____

REQUIRED

Date: _____