



Pro Bono Dept
100 South St
Harrisburg, PA 17101



Teacher Credit Form

Date _____ City _____

Course Title _____

CERTIFICATE OF ATTENDANCE

Please complete this form *legibly* and return to Gabriele Miller-Wagner at gmw@pabar.org

This form is the only evidence of your attendance that we use for
reporting credits to the CLE Board.

- ☐ I certify that I have attended this seminar for the full amount of time for which it is accredited

Signature _____

- ☐ I certify that I have attended this seminar for sufficient accredited time to report
_____ credits

Signature _____

My signature confirms that this statement of credits is complete and accurate.

PPID# _____ Phone () _____

Print Name _____

Email _____

Print Business Name _____

Print Address Name _____

*** Please be advised that we are unable to report out of state credits.**

Six Key Words (which must be provided for credit):

_____	_____
_____	_____
_____	_____