

	<p><b>CONTINUING PARALEGAL EDUCATION</b></p> <hr/> <p><b>CERTIFICATE OF ATTENDANCE</b></p>
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I attest that I attended the listed legal and other education program(s) and the hours entered are true and accurate. I understand the KPACC reserves the right to review and/or adjust entries as needed in accordance with the CPE requirements and that additional documentation may be required for KPACC CPE credit approval.

Date	Sponsor	Program	Non-Ethics Hours	Ethics Hours
<b>Totals</b>				

\_\_\_\_\_  
 Certified Kentucky Paralegal (Print Name)

\_\_\_\_\_  
 CPE Calendar Year

\_\_\_\_\_  
 Certified Kentucky Paralegal (Signature)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Sponsor (Signature)

Outline / Supporting Materials Attached (Y/N): \_\_\_\_\_

Mail to KPA, PO Box 2675, Louisville, KY 40201-2675

OR

Email to [kpa.kpacc@gmail.com](mailto:kpa.kpacc@gmail.com)