



Tennessee Commission on Continuing Legal Education

1321 Murfreesboro Pike, Suite 810 • Nashville, Tennessee 37217
Office: 615-741-3096 • Fax: 615-532-2477 • Email: info@cletn.com

Affidavit of Compliance - 2023 Compliance Year

I, _____, BPR# _____ do hereby swear or affirm I have completed the credits listed below, that these credits complete my requirement of 12 hours of general credits and 3 hours of ethics/professionalism credits for the 2023 CLE compliance year. Further, I affirm all courses shown below have been accredited by the Tennessee Commission on CLE.

I ACKNOWLEDGE IT IS MY RESPONSIBILITY TO VERIFY THE HOURS LISTED HEREIN ARE REPORTED AND PAID FOR BY THE PROVIDER. FAILURE TO DO SO MAY RESULT IN THE SUSPENSION OF MY LAW LICENSE.

Provider	Course Title	TN Course ID#	Date	EP/Dual	Gen

Use attached supplemental page to list any additional courses. Any course without a six-digit TN CLE course # cannot be reported on this form. All other credits must be reported using the appropriate form on CLETN.com.

Fee required on Notice of Non-Compliance \$ _____

CERTIFICATION

I declare under penalty of perjury the information listed above in this Affidavit is true and correct.

Attorney's Signature

Date

Email: _____

Phone: _____

State of: _____ County of: _____

Sworn to and subscribed before me this _____ day of _____, 2024.

My Commission Expires: _____

Notary Public

Affidavit of Compliance – Continued

Provider	Course Title	TN Course ID#	Date	EP/Dual	Gen