



Commonwealth of Puerto Rico
GENERAL COURT OF JUSTICE
Supreme Court of Puerto Rico
 Continuing Legal Education Program

For use by Provider	
Indicate check or money order, number(s), and amount(s).	
No(s):	_____
Amount(s): \$	_____

CERTIFICATION OF ATTENDEES AND FEE FOR APPROVED COURSE

Instructions:

- Attach to this certification a compact disc with the list of attendees to the course in the established format. You must also include the applicable fee, according to the total number of attendees as prescribed by the Rules of the Continuing Legal Education Program (Program).
- Payments must be made by check or money order payable to the Secretary of the Treasury.
- Should you need additional space, you may use the Complementary Sheet (OAT Form 1413).
- Incomplete certifications lacking any information or not complying with any of the requirements established in the Program Rules, including the term for compliance, will be returned. Submission of incomplete certificates might affect the approval of future courses by the Program.
- Submit this certificate to the Mailing Division at the Office of Courts Administration, 677 César González Street, San Juan, Puerto Rico, or send it to CONTINUING LEGAL EDUCATION PROGRAM PO BOX 190917 SAN JUAN, PR 00919-0917.
- For additional information, you may call (787) 641-6604.

Note: Pursuant to the Rules, applications submitted 30 days after the course was offered will not be accepted unless just cause is shown to the satisfaction of the Program.

PART I. TO BE COMPLETED BY PROVIDER

1. Name of provider: _____

2. Course title: _____

3. Course code: _____ 4. Date (M/D/Y): _____ 5. Schedule: _____

6. Credit hours: _____ 7. Total number of participants: _____ 8. Total fee to be paid: _____

9. Indicate the method used to disclose the course: _____

10. Indicate the dates on which the course was disclosed: _____

11. Report the results of the course evaluation made by participating law professionals: (Attach the tabulation of the results)

12. Certification:

I certify that the information provided here is true and correct. Likewise, I certify that the information contained in the attached electronic file is true and identical to the information in our records regarding course participants, their personal information, accredited hours, and the total number of attendees. I also understand that said information may be verified. I have complied with all the applicable requirements for this procedure according to the Program Rules, and I state that the course was available to the public. I agree to pay any insufficiency in the fees paid, as determined by the Program and pursuant to the Rules. Furthermore, I am aware that if any falsehood or fraud is discovered in connection with the statements made herein, I will be subject to the actions prescribed by the Rules.

I also certify that the course was offered as informed. In the alternative, I certify that a variation arose during the administration of the course as described in the attached Complementary Sheet (OAT Form 1413); which should not affect the approval of the course.

Name of Director, Provider or his/her Authorized Representative	Title	Signature	Date (M/D/Y)

