



MCPE CERTIFICATION FORM

Name (Print): _____

Bar Number: _____

I Certify that the information below is true: (check one)

___ I am participating in the audit this year. I have completed three (3) credit hours of approved MCPE satisfying my MCPE requirement for the previous calendar year. I am enclosing my Certificate(s) of completion to support this Certification.

___ I am an active member who transferred from inactive status. I have completed three (3) credit hours of approved MCPE within three (3) months of electing active status. I am enclosing my Certificate(s) of completion to support this Certification.

___ I am an active member recently reinstated from suspended status. I have completed three (3) credit hours of approved MCPE within three (3) months of electing active status. I am enclosing my Certificate(s) of completion to support this Certification.

Signature

Date

Send completed forms to: MCLE Administrator
Hawaii State Bar Association
Alakea Corporate Tower
1100 Alakea St., Suite 1000
Honolulu, HI 96813
Tel: (808) 537-1869 Fax: (808) 521-7936
Email: iyang@hsba.org