



CLE STATUS CHANGE CERTIFICATION FORM

Name (Print): _____

Bar Number: _____

I certify that the information below is true:

I am an active member who transferred from inactive status or reinstated from suspended status in the month of _____. I have completed three (3) credit hours of approved CLE including one (1) credit hour of approved ethics or professional responsibility education within three months of electing active status in accordance with RSCH Rule 22(i). 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) 537-1868 **Fax:** (808) 521-7936
Email: cbenton@hsba.org