

New Jersey Continuing Legal Education Certificate of Attendance

This certificate is issued under *Rule 1:42* and *BCLE Reg. 301:8* of the Board on Continuing Legal Education.

Title of Program: What Happens To Your Practice If You Die Or Become Disabled

Date: Tuesday, April 12, 2022

Location: Not Applicable

Format: (please check)

- ☐ Traditional live classroom setting
☐ Teleconference/Videoconference
☐ Simulcast

- ☐ CD
☐ DVD
☐ Audio/Videotape

☒ Webinar

☐ Other: _____

All credits are calculated on a 50-minute hour.

Credit for Attendance: Total 0.00 **as indicated below:**

_____ General credits (excluding Ethics)
_____ Ethics credits (exclusive of Diversity/Inclusion/Elimination of Bias)
_____ Diversity/Inclusion/Elimination of Bias credits

Additional Credit for Faculty Participation: Total 3 **as indicated below:**

☒ Speaker ☐ Panel Member ☐ Moderator ☐ Other _____

_____ Additional General credits for faculty participation (excluding Ethics)
3 Additional Ethics credits for faculty participation (exclusive of
Diversity/Inclusion/Elimination of Bias
_____ Additional Diversity/Inclusion/Elimination of Bias credits for faculty
participation

This program has been approved for New Jersey Newly Admitted Attorney Credits:

_____ credits in NJ Basic Estate Administration
_____ credits in NJ Basic Estate Planning
_____ credits in NJ Civil or Criminal Trial Preparation
_____ credits in NJ Family Law Practice
_____ credits in NJ Real Estate Closing Procedures
_____ credits in NJ Trust and Business Accounting
_____ credits in NJ Landlord/Tenant Practice
_____ credits in NJ Municipal Court Practice
_____ credits in NJ Law Office Management


Attorneys: Retain this certificate for a period of at least three years from the date of your attendance. In the event of an audit, you will be required to provide this certificate as proof of your compliance. By signing this certificate, you certify that you attended the activity described above and are entitled to claim the amount of credits listed.

Name of Attorney: John Morelli

Signature: _____ **Attorney ID # :** 019061981

Providers: By issuing this certificate, you verify that the attorney named above completed this program.

Provider: National Academy of Continuing Legal Education

Acknowledged by:  _____
(Provider Representative Signature)