



NORTH CAROLINA DISPUTE RESOLUTION COMMISSION

P.O. Box 2448, Raleigh, NC 27602
(919) 890-1415

SPONSOR'S REPORT OF ATTENDANCE AT A CME PROGRAM* **(Please report in alphabetical order)**

Sponsor Name: _____

Title of CME Program: _____ Approved CME hours: _____

Date of CME Program: _____ Location of CME Program: _____

Name	NC State Bar #	CME Hours

***Please include names of presenter(s) and the number of hours of approved CME that each presented.**
Email form to DRCMediators@nccourts.org.