

NATIONAL ASSOCIATION OF LEGAL INVESTIGATORS

CLI CONTINUING EDUCATION REPORT OF COMPLIANCE

NAME _____

ADDRESS _____

TELEPHONE # _____ YEAR OF C.L.I. _____

This reporting period January 1, _____ to December 31, _____. During the above period, I completed the following Continuing Education requirements:

NALI OR NALI-AFFILIATED SEMINARS (List dates, location, and sponsor)

1. _____ HOURS CLAIMED _____
2. _____ HOURS CLAIMED _____
3. _____ HOURS CLAIMED _____
4. _____ HOURS CLAIMED _____

TOTAL HOURS CLAIMED _____

NON-NALI SEMINARS: (List dates, location, and sponsor)

1. _____ HOURS CLAIMED _____
2. _____ HOURS CLAIMED _____
3. _____ HOURS CLAIMED _____

TOTAL HOURS CLAIMED _____

LECTURES: (List dates, location, sponsor, and hours)

1. _____ HOURS CLAIMED _____
2. _____ HOURS CLAIMED _____

TOTAL HOURS CLAIMED _____

PUBLICATIONS: (List publication date, publisher, and topic)

1. _____ HOURS CLAIMED _____
2. _____ HOURS CLAIMED _____

TOTAL HOURS CLAIMED _____

NALI SEMINAR VIDEO VIEWED: (List seminar title, location, year and speaker)

1. _____ HOURS CLAIMED _____

2. _____ HOURS CLAIMED ____
TOTAL HOURS CLAIMED ____

OTHER CREDITS CLAIMED: (List all information pertinent to claim)

1. _____ HOURS CLAIMED ____
2. _____ HOURS CLAIMED ____
TOTAL HOURS CLAIMED ____

**GRAND TOTAL OF ALL HOURS CLAIMED (50 HOURS MINIMUM TO QUALIFY;
AFTER 2 THREE YEAR REPORTING PERIODS- 36 HOURS):**

Attached hereto are certificates of completion of seminars, copies of articles published, seminar brochures, etc., to substantiate all credits claimed above.

By affixing my signature, I do hereby swear and/or affirm, under penalty of perjury, that all information in this report is, to the best of my knowledge, complete and accurate. I did participate for the number of hours indicated and no credits are claimed that have been submitted on a previous Report of Compliance.

Signature: _____ Date: _____