



**Professional Development Requirement Form
Practical Training
Employment Certification**

Part I: Student Information

Name: _____

Student I.D. No.: _____

Expected Graduation: _____ Month _____ Year

Veteran: Yes No

Part II: Employer Information

Name: _____

Address: _____

Phone: _____

Dates of Employment: from ____ / ____ / ____ to ____ / ____ / ____

Veterans only – hours per week _____

Supervising Attorney Certification

I certify that the aforementioned student has completed a minimum of 50 hours of legal work under my supervision.

I certify that the aforementioned student has completed _____ hours of legal work under my supervision.

Name: _____

Signature: _____