

CERTIFICATE OF COMPLETION

MISSOURI

CONTINUING LEGAL EDUCATION (CLE)

A criterion for continuing education programs is written verification of attendance and/or completion. This generic form may be duplicated and used for a number of different continuing education programs.

Name of Provider: Estate Planning Council of St. Louis

Name of Program: Special Needs Trust

Speaker: Martha Brown

Date of Program: March 9, 2020 ~~December 16, 2019~~ Credit Hours: 1.0

Location of Program: Missouri Athletic Club 405 Washington Avenue

Name of Attendee: _____

Complete Address: _____

Social Security #: _____

License #: _____

I certify that the above identified individual completed the approved continuing education program noted, for the actual number of credit hours indicated.

JOAN HECKER
Printed Name of Approved Provider Official

[Signature]
Signature of Approved Provider Official

3/9/2020
Date