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# **MARYLAND LEGAL SERVICES PROGRAM**

**Annual Training Verification Form**

**\_\_\_\_\_ CINA/TPR \_\_\_\_\_\_ APS/APGRB**

Name of Firm/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ attended the following trainings:

(Name of Attorney)

| **Date**  (MM/DD/YY) | **Name of Training** | **Host of Training &**  **Link, if applicable** | **# of Hours Approved by MLSP** | **Live Training (LT)**  **Webinar (W) Replay Video (RV)** | **Certificate of Completion Attached**  **Yes/No** |
| --- | --- | --- | --- | --- | --- |
| **“Use upload Template”** | **“Use upload Template”** | **“Use upload Template”** | **“Use upload Template”** | **“Use upload Template”** | **“Use upload Template”** |
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|  | | | **Total Hours:** |  |  |

I understand that all attorneys representing children and indigent adults under the Department of Human Services (DHS) legal services contracts are required to have **12** hours of continuing legal education and training annually according to the provision of representation under the Contract. **I also understand that training must be pre-approved by the MLSP Director prior to the date of the training per the Continuing Legal Education pursuant to Section 2.2.1 and 2.2.2, of the RFP.** If the training is not pre-approved by the MLSP Director, the training hours will not count towards the annual training requirements.

Project Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that the above information is true and accurate to the best of my knowledge.**

Attorney’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_