

ARKANSAS CERTIFICATE OF ATTENDANCE

Program: 2026 Fall Arkansas Legal Aid Providers Statewide Conference

Program ID:

Location/Dates: Comfort Inn & Suites Presidential, Little Rock, Arkansas
October 14 – 16, 2026

This program has been submitted to the Arkansas Continuing Legal Education Board for a total of **11.0 hours** of general CLE education. COURSE CODE: GOV116586

The following is a list of segments for this Program, which includes a number representing the amount of time for which each segment qualifies. Please check the line next to each segment you attended and enter the total hours which you claim for this Program where indicated.

October 14, 2026

1:15 p.m. to 2:15 p.m.	Adverse Childhood Experiences (ACEs): How Trauma Impacts Engagement with the Legal System	1.0 General CLE	_____
2:30 p.m. to 4:00 p.m.	Innovating Justice: How AI Harms Low- Income Communities	1.5 General CLE	_____

October 15, 2026

8:30 a.m. to 10:00 a.m.	The Current State of Pro Bono Programs and Services in Arkansas and the United States	1.5 General CLE	_____
10:10 a.m. to 11:10 a.m.	Neighborhood Advocacy: Legal Tools for Addressing Vacant & Abandoned Properties	1.0 General CLE	_____
11:20 a.m. to 12:20 p.m.	Panel Discussion: Wraparound Services for Domestic Violence Victims	1.0 General CLE	_____
1:30 p.m. to 2:30 p.m.	Attorney General Consumer Law Update	1.0 General CLE	_____
2:45 p.m. to 3:45 p.m.	Working Smarter with Lexis Protégé: AI- Powered Legal Research & Practice	1.0 General CLE	_____

October 16, 2026

8:30 a.m. to 9:30 a.m.	Legal Aid's Partnership with AATJ	1.0 General CLE	_____
9:45 a.m. to 10:45 a.m.	Technology Tips & Tricks for Stress-Free Legal Aiding	1.0 General CLE	_____
11:00 a.m. to 12:00 p.m.	Actually, You CAN Do That! LSC Regulations and How to Stay Compliant but Not Quiet	1.0 General CLE	_____

I am entitled to _____ of General CLE Hours.

CLAIMING HOURS FOR SEGMENTS NOT ACTUALLY ATTENDED IS A VIOLATION OF RULE 8.4(C) OF THE MODEL RULES OF PROFESSIONAL CONDUCT FOR LAWYERS.

Arkansas Supreme Court Registration Number: _____

Print Name

Signature

Street Address

City

Zip Code

***To receive credit for other states, please complete a separate form for each state and forward a copy to the appropriate state authority.*