

CERTIFICATE OF COMPLETION

By our signatures affixed below,

[Mentee's Full Name] Please print.

State Bar Number

And

[Mentor's Full Name] Please print.

State Bar Number

hereby certify that the Mentee and Mentor named above have satisfactorily completed all the requirements of the Ready. Set. Practice. Mentoring Plan, a copy of which I submitted herewith.

Mentee's Signature

Date

Mentor's Signature

Date