

MENTOR MATCH PROGRAM

CERTIFICATE OF SATISFACTORY COMPLETION OF PROGRAM

The mentee and mentor certify the following:

1. The mentee has satisfactorily completed the MENTOR MATCH Program;
2. The activities elected in the Mentoring Plan at the outset of the mentoring term were completed;
3. We participated in a discussion about the following topics:
 - a) Substance abuse and mental health issues;
 - b) Attorney Relationships with third parties
 - c) Trust Accounts and IOLTA
 - d) Attorney-Client Relationships, Professionalism/Civility
 - e) Pro Bono Activities
4. We had at least six in-person meetings over the course of the term for a minimum of nine mentoring hours for twelve hours (12) of CLE/Ethics for the Mentor and 6 hours APC/CLE for Mentees.

I hereby certify that the above information is true.

_____	_____	_____	_____
Signature of Mentee	Date	Signature of Mentor	Date
_____	_____	_____	_____
Print/Type Name		Print/Type Name	
_____	_____	_____	_____
Attorney Number		Attorney Number	

**THIS CERTIFICATE MUST BE SIGNED BY BOTH THE MENTEE AND MENTOR
AND RETURNED TO THE ISBA OR OTHER APPROVED ORGANIZATION
AT THE END OF THE MENTORING TERM.**