

**CERTIFICATE OF COMPLETION
SOUTH CAROLINA UNIFORM MENTORING PLAN**

Name of Lawyer Being Mentored (Print): _____

For the Mentoring Period beginning November 2006 and ending December 2007.

The undersigned participants in the South Carolina Lawyer Mentoring Program certify that the attached Uniform Mentoring Plan (Attachment A) accurately reflects the elements of the plan completed by them during the mentoring period set forth above.

If any elements of the Uniform Mentoring Plan were not completed during the mentoring period, a statement is attached as Attachment B, explaining the reasons for having not completed those elements.

Any recommendations or suggestions of the participants for changes in the Uniform Mentoring Plan or other aspects of the mentoring program are attached as Attachment C (Recommendations by Mentor) and/or Attachment D (Recommendations by Lawyer Being Mentored).

The undersigned Mentor (___does/ ___does not) work in the same office or firm as the undersigned Lawyer Being Mentored.

MENTOR

LAWYER BEING MENTORED

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

S.C. Bar Membership Number: _____

S.C. Bar Membership Number: _____

Date: _____

Date: _____

Submit Completed Form by December 31, 2007 to:

**South Carolina Bar
Attn: Kali Campbell Turner, Esquire
Post Office Box 608
Columbia, SC 29202-0608**