

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

Name of Lawyer Being Mentored (Print): _____

For the Mentoring Period beginning _____, **20__** **and ending**
_____, **20__**.

The undersigned participants in the South Carolina Lawyer Mentoring Program certify that, with the exceptions noted below, if any, they have completed their agreed upon mentoring plan, consistent with either the Uniform Mentoring Plan or a mentoring plan approved as compliant with the requirements of the South Carolina Lawyer Mentoring Program.

The following parts of the mentoring plan were not completed:

_____.

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

Signature: _____

Print Name: _____

S.C. Bar Membership Number: _____

Date: _____

LAWYER BEING MENTORED

Signature: _____

Print Name: _____

S.C. Bar Membership Number: _____

Date: _____

Submit Completed Form within 30 days after the end of the mentoring period to:

**Commission on Continuing Legal Education and Specialization
Post Office Box 2138
Columbia, South Carolina 29202**