
MPLE SCHOLARSHIP VERIFICATION OF COMPLETED EMPLOYMENT SERVICE

To receive credit for employment service, this form must be completed, notarized, and submitted **within 30 days** after you have practiced law in the State of Florida for three years.

MPLE Recipient's Name *Recipient's Social Security Number*

Permanent Street Address *City* *State* *Zip Code*

Home Telephone Number *Work Telephone Number*

E-mail Address *Law School Graduation Month and Year*

I hereby certify that I have practiced law in the State of Florida for three years. My three years of practice began and ended on the following dates:

Beginning date: _____

Ending date: _____

Recipient's Signature *Date*

Sworn and subscribed before me at _____
County and State

this _____ day of _____, 20____

Signature _____

Commission expires _____