

VERIFICATION OF FLORIDA PRACTICE

Section I. Verification of Eligible Employment

MPLE Recipient's Name (Please Print) Recipient's Social Security Number Law School Graduation Month/Year

Street Address City State Zip Code

Home Telephone Number Work Telephone Number E-mail Address

I am currently employed with the following employer in a position that requires me to practice law in the State of Florida:

Employer's Name (Please Print)

Recipient's Signature Beginning Employment Date

Certification of Legal Employment (to be completed by employer): I certify that the MPLE recipient named on this form is currently employed by the below named employer in a position in which he/she practices law.

Employer's Name (Please Print) Address

Signature of Employer or Designee Title Date

Section II. Verification of Self-Employed Private Practice

To receive credit for self-employment in private practice, this form must be completed by the recipient and notarized by a licensed notary.

MPLE Recipient's Name (Please Print) Recipient's Social Security Number Law School Graduation Month/Year

Street Address City State Zip Code

Home Telephone Number Work Telephone Number E-mail Address

I am currently self-employed in a private/solo practice as an attorney practicing law in the State of Florida.

Name of Office Address

Recipient's Signature Date

Sworn and subscribed before me at _____
County and State

this _____ day of _____, 20 ____

Signature _____

Commission expires _____