

General information

Clerk Name: _____

Tutor Name: _____

Workplace Lawyer Name (if applicable): _____

Date Program Commenced: _____

Last Month and Year of Study: _____

Tutor's Certification

I, _____, fully understanding that this Certificate will be used by the Law Clerk Board in determining whether or not the above-named clerk has completed the Law Clerk Program, hereby certify that:

1. The Clerk's program has been in full compliance with APR 6 and the Rules and Regulations Governing the Washington State Law Clerk Program;
2. The Clerk has studied all prescribed and other courses for the required length of time and has completed a fourth-year curriculum as previously approved by the Law Clerk Board; and
3. 3. The Clerk has been employed by me, within the State of Washington, for a minimum of 32 hours per week for at least 48 weeks each calendar year since _____.

a. If not, please explain:

I further certify that the Clerk, _____, in my opinion, is qualified to take the lawyer Bar Examination to practice law in the state of Washington.

Date: _____ Tutor Signature: _____

Date: _____ Workplace Lawyer Signature (if applicable): _____