



The Supreme Court of South Carolina

LAWYER MENTORING PROGRAM CERTIFICATE OF COMPLETION

1. CERTIFICATION

We hereby certify that _____
(print or type name of new lawyer)

_____ Has completed all requirements of the Lawyer Mentoring Program as set forth in the individual mentoring plan.

_____ Has **not** completed all requirements of the Lawyer Mentoring Program as set forth in the individual mentoring plan. Pursuant to Section (m), Rule 425, SCACR, I have attached a detailed response of the specific reasons why the requirements were not completed.

2. SIGNATURES

I certify that the above information is true and correct.

DATE

SIGNATURE OF MENTOR & S.C. BAR NUMBER

DATE

SIGNATURE OF NEW LAWYER & S.C. BAR NUMBER

3. FOR MENTORS ONLY

_____ I am willing to volunteer in the future as a mentor.*

*The Lawyer Mentoring Program understands that work demands may prevent you from serving as a mentor every year, and we appreciate your consideration of our request to volunteer in the future.

Comments: _____

**Please return the signed Certificate of Completion
via e-mail**

and

**If applicable, a detailed response of the specific reasons
for failure to complete the Individual Mentoring Plan to:**

mentors@scbar.org

D. Nichole Davis
Program Administrator