

**NORTH CAROLINA STATE BAR  
PRACTICAL TRAINING OF LAW STUDENTS/CLINICAL LEGAL EDUCATION PROGRAMS  
SUPERVISING ATTORNEY STATEMENT (LAW SCHOOL CLINIC)**

Form Date: October 29, 2019

27 N.C. Admin. Code 1C, Sect. .0200

\_\_\_\_\_  
[Date]

I am a supervising attorney for the \_\_\_\_\_ at  
[name of clinic]

\_\_\_\_\_. Pursuant to the North Carolina State Bar's Rules  
[name of school]

Governing the Practical Training of Law Students, 27 N.C. Admin. Code 1C, Section .0200 (the Rules), I

assume responsibility for the supervision of the law students listed below while they are legal interns

and enrolled in the clinic for \_\_\_\_\_ and certify that I will adequately  
[state period of supervision]

supervise the legal interns in accordance with the Rules. [print student names below or attach list]

_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

\_\_\_\_\_  
[Print Name]

\_\_\_\_\_  
[Title]

\_\_\_\_\_  
[Law School]

\_\_\_\_\_  
[Mailing Address]

\_\_\_\_\_  
**Email Address (Required)**

**Return form to:** StudentPracticeForms@NCBar.gov