OFFICIAL RECORD OF ATTENDANCE

| Provider: | | | | |
|------------------------------------|------|--------|--|--|
| Provider Number: | | | | |
| Title of Activity: | | | | |
| Date(s) of Activity: | | | | |
| Time of Activity: | | | | |
| Location of Activity (City/State): | | | | |
| TOTAL ELIGIBLE MCLE CREDIT HOL | JRS: | 1.0 hr | | |
| Legal Ethics: | | | | |
| Elimination of Bias: | | | | |
| Competence Issues: | | | | |

| NAME OF ATTENDEE | BAR NO | EMAIL | ATTENDEE SIGNATURE |
|------------------|--------|-------|--------------------|
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REMINDER TO PROVIDER: Keep this record of attendance for 4 years after the date of completion of this activity.