

OFFICIAL RECORD OF ATTENDANCE FOR CALIFORNIA

Provider:

Provider Number:

Title of Activity:

Date(s) of Activity:

Time of Activity:

Location of Activity (City/State):

TOTAL ELIGIBLE CALIFORNIA MCLE CREDIT HOURS: _____

Legal Ethics:

Elimination of Bias:

Competence Issues:

| NAME OF ATTENDEE | CA 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.
 Questions: Email providers@calbar.ca.gov.