## CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

## Top portion of form to be completed by the Provider

## It is preferred that the form is pre-printed with the attendees name and bar number.

Provider Name:
Provider Number:
Title of Activity:
Date(s) of Activity:
Time of Activity:
Location of Activity (City/State):
This Activity qualifies for: Participatory Self-Study
Total California MCLE Credit Hours for the above activity:, including the following sub-field credits:
Legal Ethics:
Recognition and Elimination of Bias:
Competence Issues:
Bottom portion of form to be completed by the Attorney <u>after</u> participation in the above-referenced activity
By signing below, I certify that I participated in all, or some*, of the activity described above and am therefore entitled to claim the following California MCLE credit hours:
Total California MCLE Credit Hours:, including the following sub-field credits:
Legal Ethics:
Recognition and Elimination of Bias:
Competence Issues:
(You may not claim credit for the subfields above unless the provider is granting credit in those areas above.)
Print Your Name (clearly):
Your California State Bar Number:
Signature:

<sup>\*</sup> partial participation hours must be pro-rated