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 HOURS:	1.0 hour			
Legal Ethics:				
Elimination of Bias:				
Competence Issues:				

NAME OF ATTENDEE	BAR NO	EMAIL	ATTENDEE SIGNATURE

REMINDER TO PROVIDER: Keep this record of attendance for 4 years after the date of completion of this activity.