

# CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Sections 1 and 2 must be completed by Provider

## 1. PROVIDER INFORMATION (please print)

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Time of Activity: \_\_\_\_\_

Location of Activity (City/State): \_\_\_\_\_

## 2. ACTIVITY INFORMATION

This Activity qualifies for:

Participatory Credit  Self-study Credit

Total California MCLE Credit Hours for the above activity: \_\_\_\_\_, including the following sub-field credits:


Legal Ethics: \_\_\_\_\_

Recognition and Elimination of Bias: \_\_\_\_\_

Implicit Bias: \_\_\_\_\_

Competence Issues: \_\_\_\_\_

Provider Signature (authorized representative): \_\_\_\_\_



Section 3 is to be completed by the Attorney after participation in the above-referenced activity

## 3. ATTORNEY INFORMATION (please print)

Name of Attorney: \_\_\_\_\_

Attorney California State Bar Number: \_\_\_\_\_

By signing below, I certify under penalty of perjury that I participated in all of the activity described above and am therefore entitled to claim the California MCLE credit hours noted above.

Attorney Signature: \_\_\_\_\_