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 hours			
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.