

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

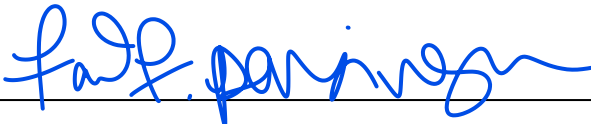
Total California MCLE Credit Hours for the above activity: _____, including the following sub-field credits:

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: _____