OFFICIAL RECORD OF ATTENDANCE

Provider:		
Provider Number:		
Title of Activity:		
Date(s) of Activity:		
Time of Activity:		
Location of Activity (City/State):		
TOTAL ELIGIB	LE MCLE CREDIT 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.