

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: _____

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.