

# CERTIFICATE OF ATTENDANCE FOR MCLE

## Top portion of form to be completed by the Provider

It is preferred that the form is pre-printed with the attendees name and bar number.

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

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

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

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

Time of Activity: \_\_\_\_\_

Reference Number: \_\_\_\_\_

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

This Activity qualifies for: Participatory Self-Study

Total MCLE Credit Hours for the above activity: \_\_\_\_\_, including

the following sub-field credits:

- Legal Ethics: \_\_\_\_\_
- Recognition and Elimination of Bias: \_\_\_\_\_
- Competence Issues: \_\_\_\_\_

## ***Bottom portion of form to be completed by the Attorney after participation in the above-referenced activity***

By signing below, I certify that I participated in all, or some\*, of the activity described above and am therefore entitled to claim the following MCLE credit hours:

Total MCLE Credit Hours: \_\_\_\_\_, including the following sub-field credits:

- Legal Ethics: \_\_\_\_\_
- Recognition and Elimination of Bias: \_\_\_\_\_
- Competence Issues: \_\_\_\_\_

*(You may not claim credit for the subfields above unless the provider is granting credit in those areas above.)*

Print Your Name (clearly): \_\_\_\_\_

Your State Bar Number: \_\_\_\_\_

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

\* partial participation hours must be pro-rated