

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