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: American Constitution Society

Provider Number: NA

Title of Activity: Protecting Voters & Our Votes: State Attorneys General on Democracy's Front

Date(s) of Activity: October 5, 2026

Time of Activity: 2:00 PM to 3:00 PM ET

Reference Number: NA

Location of Activity (City/State): Zoom

This Activity qualifies for: Participatory ☑ ☐ Self-Study

Total MCLE Credit Hours for the above activity: 1.0 hour, 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 <u>after</u> 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