

# CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

*Top portion of form to be completed by the MCLE Provider* |

Provider Name:

Provider Number:

Title of Activity:

Date(s) of Activity:

Time of Activity:

Location of Activity (City/State):

This Activity qualifies for:                      Participatory                      Self Study

Total California MCLE Credit Hours for the above activity:                      , including the following subfield 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 the following MCLE credit hours:

Total California MCLE Credit Hours:                      , including the following subfield credits:

Legal Ethics:

Recognition and Elimination of Bias:

Competence Issues:

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

Print Your Name (clearly):

Your California State Bar Number:

Signature:

\* partial participation hours must be pro-rated