## **CERTIFICATE OF ATTENDANCE FOR CALIFORNIA 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:
Location of Activity (City/State):
This Activity qualifies for: Participatory Self-Study
Total California 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 <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 California MCLE credit hours:

Total California 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 California State Bar Number: \_\_\_\_\_

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