

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:

Length of Activity:

Location of Activity (City, State):

Total California MCLE Credit Hours for the above activity are _____, including the following sub-field credits:

- Legal Ethics:
- Recognition & Elimination of Bias:
- Competence Issues: /

Bottom portion of form to be completed by the Attorney ____ participation in 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 sub-field credits:

Legal Ethics:

Recognition & Elimination of Bias: _____

Competence Issues:

(You may not claim credit for sub-fields unless the Provider is granting credit in those areas and you participated in those portions of the activity)

Print Your Name:

Your California State Bar Number: S _____

Signature: _____