

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):

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

- Legal Ethics
- Elimination of Bias in the Legal Profession
- Prevention, Detection and Treatment of Substance Abuse/Mental Illness that Impairs Professional Competence

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 sub-field credits

Legal Ethics

Elimination of Bias in the Legal Profession

Prevention, Detection and Treatment of Substance Abuse / Mental Illness that Impairs Professional Competence

(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

Signature _____

* partial participation hours must be pro-rated