

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 EthicsK
- $\hat{A} \cup \{ * \}$ $\hat{A} \cap \hat{B}$ $\hat{A} \setminus \hat{B}$ $\hat{A} \oplus \hat{B}$ $\hat{A} \times \hat{B}$
- $\hat{A} \cap \{ * \}$ $\hat{A} \cap \hat{B}$ $\hat{A} \cap \hat{C}$ $\hat{A} \cap \hat{D}$ $\hat{A} \cap \hat{E}$

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 creditsK

Legal Ethi&IA

Recognition and Elimination of Bias

Competence IssuesK

(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 NameK

Your California State Bar NumberK

SignatureK