

## OFFICIAL RECORD OF ATTENDANCE FOR CALIFORNIA MCLE & LSMCLE

Provider Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Type of Activity:  MCLE  LSMCLE, please specify specialty area: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Time of Activity: \_\_\_\_\_

Location Activity (City, State/Country/Remote): \_\_\_\_\_

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**Total eligible California MCLE credit hours:** \_\_\_\_\_, including the following sub-field credits:

- |   |   |
|---|---|
| <input type="checkbox"/> California Legal Ethics: _____           | <input type="checkbox"/> Technology in the Practice of Law: _____ |
| <input type="checkbox"/> Recognition & Elimination of Bias: _____ | <input type="checkbox"/> Implicit Bias: _____                     |
| <input type="checkbox"/> Prevention & Detection Competence: _____ | <input type="checkbox"/> Wellness Competence: _____               |
| <input type="checkbox"/> Civility in the Legal Profession: _____  |   |

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NAME OF ATTORNEY	CALIFORNIA STATE BAR #	SIGNATURE OF ATTORNEY

**Please Note:** Records of Attendance are to be retained for four years from the date of the activity and provided to the State Bar upon request during the said retention period.

**For Additional Information and Questions:**  
Email the Provider Certification Program at [providers@calbar.ca.gov](mailto:providers@calbar.ca.gov)