# CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

To Be Completed by the Provider

Provider: _____

Provider Number: _____

Title of Activity: _____

Date(s) of Activity: _____

Time of Activity: _____

Location of Activity (City/State): _____

TOTAL ELIGIBLE 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: _____

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To Be Completed by the Attorney after Participation in the Above-Named Activity:

By signing below, I certify that I participated in the activity described above and am entitled to claim the following California MCLE credit hours:

Total Hours: _____

*(You may not claim credit for the following subfields unless the provider is granting credit in these areas above.)*

Legal Ethics: _____

Elimination of Bias in the Legal Profession: _____

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

Print Your Name (clearly): _____

Your State Bar Number: _____

Signature: _____