



The State Bar of California
Department of Legal Specialization
180 Howard Street · San Francisco, CA 94105-1639
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LEGAL SPECIALIST EDUCATION ACTIVITY
Immigration and Nationality Law Activity Content Attachment

1) ACTIVITY INFORMATION

Provider Name: _____ Date: _____
 Title of Activity: _____ Time: _____

2) ACTIVITY CONTENT

This section **MUST** be completed or the application WILL NOT be processed. Immigration and Nationality Law education content must fall into the following categories:

Total Minutes of Course _____ divided by 60 and rounded to nearest quarter hour = _____
 (Example: 0.25, 0.5, 0.75, 1 hour)

- (A) Immigrant Visas
- (B) Non-immigrant Visas
- (C) Removal/Deportation/Exclusion
- (D) Administrative and Judicial Review
- (E) Citizenship and Naturalization

						SAMPLE
Date	Time	A	B	C	D	E
12/01/07	9:00-4:00	1.0	2.5	2.0	0.5	1.0
Total Hours Requested						

**RECORD OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION EDUCATION
IN IMMIGRATION AND NATIONALITY LAW**

Provider	
Subject Matter/Title	
Date and Time of Activity	
Location	
Length of Activity	

ELIGIBLE LEGAL SPECIALIZATION CREDIT:

AREA	HOURS
Immigrant Visas	
Non-immigrant Visas	
Removal/Deportation/Exclusion	
Administrative and Judicial Review	
Citizenship and Naturalization	
TOTAL HOURS OFFERED	

Name of Attendee	California State Bar No.	Attendee Signature

REMINDER TO PROVIDER: Keep this record of attendance for 6 years after the date of completion of this activity.

**CERTIFICATE OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION EDUCATION
IN IMMIGRATION AND NATIONALITY LAW**

Provider	
Subject Matter/Title	
Date and Time of Activity	
Location	
Length of Activity	

California Legal Specialization credit was offered in the following areas:

AREA	HOURS OFFERED BY PROVIDER	HOURS CLAIMED BY PARTICIPANT
Immigrant Visas		
Non-immigrant Visas		
Removal/Deportation/Exclusion		
Administrative and Judicial Review		
Citizenship and Naturalization		
TOTAL HOURS OFFERED/CLAIMED		

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 California Legal Specialization credit as indicated in the "Hours Claimed by Participant" column.

Name: _____

Signature: _____

Date: _____

Reminder: If the provider has not been granted credit for a particular area, you cannot claim credit for that area. Keep this record of attendance for at least one year from the date the California Board of Legal Specialization acts on your application for certification or recertification. In the event that you are audited by the Board, you may be asked to submit this record of attendance.