



**The State Bar of California**  
**Department of Legal Specialization**  
**180 Howard Street · San Francisco, CA 94105-1617**  
**(415) 538-2120 · [legalspec@calbar.ca.gov](mailto:legalspec@calbar.ca.gov)**

*This attachment must be submitted with a Single Activity Provider Application, which can be downloaded from the State Bar's Forms page (<http://www.calbar.ca.gov/About-Us/Forms>) under MCLE Provider Forms.*

**LEGAL SPECIALIST EDUCATION ACTIVITY**  
**Workers' Compensation Law Single 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. Workers' Compensation 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) Basic Legal
- (B) Basic Medical
- (C) Advanced Legal
- (D) Advanced Medical
- (E) Mechanism of Rating Permanent Disability

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

**RECORD OF ATTENDANCE FOR CALIFORNIA LEGAL SPECIALIZATION EDUCATION  
IN WORKERS' COMPENSATION LAW**

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

**ELIGIBLE LEGAL SPECIALIZATION CREDIT:**

<b>AREA</b>	<b>HOURS</b>
Basic Legal	
Basic Medical	
Advanced Legal	
Advanced Medical	
Mechanism of Rating Permanent Disability	
<b>TOTAL HOURS OFFERED</b>	

<b>Name of Attendee</b>	<b>California State Bar No.</b>	<b>Attendee Signature</b>

**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 WORKERS' COMPENSATION LAW**

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

California Legal Specialization credit was offered in the following areas:

<b>AREA</b>	<b>HOURS OFFERED BY PROVIDER</b>	<b>HOURS CLAIMED BY PARTICIPANT</b>
Basic Legal		
Basic Medical		
Advanced Legal		
Advanced Medical		
Mechanism of Rating Permanent Disability		
<b>TOTAL HOURS OFFERED/CLAIMED</b>		

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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 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.