

California LSMCLE

Certificate of Completion

Provider Name: _____ **Provider No.:** _____

Title of Activity: _____

Location of the Activity (*City, State/Country/Remote*): _____

Date & Time of the Activity: _____

Legal Specialty MCLE/Subfield Credit Hours Awarded for the Above Activity:

Specialty/Area of Law	Credit Hours	Subfield Type <i>(if any)</i>	Credit Hours
Admiralty & Maritime Law		CA Legal Ethics	
Appellate Law		Elimination of Bias	
Bankruptcy Law		Implicit Bias	
Criminal Law		Competence	
Estate Planning, Trust & Probate Law		Wellness Competence	
Family Law		Technology	
Franchise & Distribution Law		Civility	
Immigration Law		Total	
Legal Malpractice Law			
Taxation Law			
Workers' Compensation Law			
Total			

This section is to be completed by the California Licensee and/or the Provider after participation in the activity

Name of CA Licensee (*print name*)

CA Bar Number

Signature of CA Licensee