



LEGAL SPECIALIST CONTINUING LEGAL EDUCATION (LSCLE) ACTIVITY
Workers' Compensation Law Single Activity Content Attachment

Provider Name: _____ Provider #: _____

1. ACTIVITY INFORMATION

Title of Activity: _____

Date: _____ 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:

- (A) Basic Legal
(B) Basic Medical
(C) Advanced Legal
(D) Advanced Medical
(E) Mechanism of Rating Permanent Disability

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

Table with 7 columns: Date, Time, A, B, C, D, E. Includes example rows and a Total Hours Requested row.

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.

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

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

ELIGIBLE LSCLE CREDIT:

AREA	HOURS
Basic Legal	
Basic Medical	
Advanced Legal	
Advanced Medical	
Mechanism of Rating Permanent Disability	
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 SPECIALIST CONTINUING LEGAL EDUCATION
IN WORKERS' COMPENSATION LAW**

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

California LSCLE credit was offered in the following areas:

AREA	HOURS OFFERED BY PROVIDER	HOURS CLAIMED BY PARTICIPANT
Basic Legal		
Basic Medical		
Advanced Legal		
Advanced Medical		
Mechanism of Rating Permanent Disability		
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.