

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Provider Name: LA Law Library
 Provider Number: 12817
 Title of Activity: _____
 Date(s) of Activity: _____
 Time of Activity: _____
 Location of Activity (City/State): _____

This Activity qualifies for: Participatory ☐ Self-Study ☐

Total California MCLE Credit Hours for the above activity: _____, including the following sub-field credits:

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: _____

Bottom portion of form to be completed by the Attorney after participation in the above-referenced activity

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

Total California MCLE Credit Hours: _____, including the following sub-field credits:

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: _____

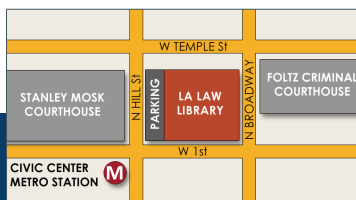
(You may not claim credit for the subfields above unless the provider is granting credit in those areas above.)

Print Your Name (clearly): _____

Your California State Bar Number: _____

Signature: _____

* partial participation hours must be pro-rated



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