

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the Provider

It is preferred that the form is pre-printed with the attendees name and bar number.

Provider Name: Legal Professionals, Incorporated

Provider Number: 1114

Title of Activity: Participatory

Date(s) of Activity: 1/12/21

Time of Activity: 6:30-7:30

Location of Activity (City/State): Zoom Meeting

This Activity qualifies for: Participatory Self-Study

Total California MCLE Credit Hours for the above activity: 1, including the following sub-field credits:

- Legal Ethics: 1
- 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