

California Certified Legal Secretary A Program of LPI®



CERTIFICATE OF ATTENDANCE FOR LIVE WEBINARS

| with an Applic | cation for Rec | ertificatio | to the CCLS Certifying Boar n, and the recertification fee certification expires. | | | | |
|--|-----------------------------|--------------------|---|----------------|-------|--|--|
| | | ha: | s attended the following pro | gram approved | d by | | |
| the CCLS [®] Certifyin | ng Board for r | ecertifica | tion hours: | | | | |
| Date of Program: | September 13, | 2021 | | | | | |
| Title of Program: | Navigating Immigration Laws | | | | | | |
| Location: | Via Zoom | | | | | | |
| Actual Lengt | h of Program | (Excludir Meals | • | | | | |
| This program has b hour(s): | een approve | d for the | following maximum | 1.0 hour | | | |
| Pro | vider Name: | Sant | a Clara County Legal Professionals A | Association | | | |
| Date: September 14, 2 | 021 | | an L. Shreve, CCLS r Signature (above) Vivian L. Shreve, CCLS MCLE Coordinator | | | | |
| | | | orm is to be completed by the above-referenced activity. | | | | |
| By signing be therefore entitled to | | • | ticipated in the activity desci credit hour(s). | ribed above ar | ıd am | | |

Print Your Name (clearly):______ Signature:

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: Microsoft Word Styles: Tips & Tricks | | | | | |
| Date(s) of Activity:September 14, 2021 | | | | | |
| Time of Activity:5:30 - 7:00 p.m. | | | | | |
| Location of Activity (City/State): San Jose, CA (via Zoom) | | | | | |
| This Activity qualifies for: Participatory X Self-Study Total California MCLE Credit Hours for the above activity: 1.0 , 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 <u>after</u> 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 a | above unless | s the prov | ider is gra | nting c | redit in |
|---------------------|----------------|-------------|--------------|------------|-------------|---------|----------|
| those areas above.) |) | | | | | | |

Print Your Name (clearly):

Your California State Bar Number: _____

| Signature: | |
|------------|---|
| | _ |