



California Certified Legal Secretary
A Program of LPI®



CERTIFICATE OF ATTENDANCE FOR LIVE WEBINARS

Retain this form and submit a copy to the CCLS Certifying Board, together with an Application for Recertification, and the recertification fee no later than the date on which your current certification expires.

_____ has attended the following program approved by the CCLS® Certifying Board for recertification hours:

Date of Program: October 12, 2021

Title of Program: FORENSIC ACCOUNTING What It Is and How You Can Work With Your Forensic Accountant

Location: Via Zoom

Actual Length of Program (Excluding Meals): 1.0 hour

This program has been approved for the following maximum hour(s): 1.0 hour

Provider Name: Santa Clara County Legal Professionals Association

Date: October 12, 2021

Vivian L. Shreve, CCLS
Provider Signature (above)

Name: Vivian L. Shreve, CCLS

Title: MCLE Coordinator

The bottom portion of this form is to be completed by the attendee *after* participation in the above-referenced activity.

By signing below, I certify that I participated in the activity described above and am therefore entitled to claim the above CCLS credit hour(s).

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: FORENSIC ACCOUNTING What It Is and How You Can Work With Your Forensic Accountant

Date(s) of Activity: October 12, 2021

Time of Activity: 6:30 - 7:30

Location of Activity (City/State): San Jose, CA (via Zoom)

This Activity qualifies for: Participatory 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 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