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: California E-Filing Updates
Date(s) of Activity: _October 21, 2021
Time of Activity:6:00 p.m 7:30 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: <u>1.0</u> , 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 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