



CERTIFICATE OF ATTENDANCE

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: September 14, 2022

Title of Program: Mediation v. Other Types of Alternative Dispute Resolution

Location: Flames Eatery and Bar, 88 S. Fourth Street, San Jose, California 95112 - Hybrid

Actual Length of Program (Excluding Meals): 1.0

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

Provider Name: Santa Clara County Legal Professionals Association

Date: /September 14, 2022

Vivian L Shreve, CCLS
Provider Signature (above)

Name: VIVIAN L. SHREVE, CCLS

Title: President/MCLE Coordinator

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: Mediation v. Other Types of Alternative Dispute Resolution

Date(s) of Activity: September 14, 2022

Time of Activity: 6:00 p.m. - 7:30 p.m.

Location of Activity (City/State): Flames Eatery and Bar, 88 S. Fourth Street, San Jose, CA 95112

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