

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: Ethical Issues With Virtual Remote Work

Date(s) of Activity: June 14, 2023

Time of Activity: 6:00 pm - 8:00 pm

Location of Activity (City/State): Blue Pheasant Restaurant, 22100 Stevens Creek Blvd., Cupertino, CA

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: 1.0
- 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: 1.0, including the following sub-field credits:

- Legal Ethics: 1.0
- 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



California Certified Legal Secretary
A Program of LPI®



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: June 14, 2023

Title of Program: Ethical Issues With Virtual Remote Work

Location: Blue Pheasant Restaurant, 22100 Stevens Creek Blvd., Cupertino

Actual Length of Program (Excluding 2.0
Meals): _____

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

Provider Name: Santa Clara County Legal Professionals Association

Date: June 14, 2023

Vivian L. Shreve, CCLS

Provider Signature (above)

Name: Vivian L. Shreve, CCLS

Title: CEC/MCLE Coordinator