

LPI California MCLE Educating California's Certificate of Attendance Legal Support Professionals

| Provider Name: | Provider No.: |
|--|---------------|
| Title of Activity: | |
| Location of the Activity (City, State/Country/Remote): | |
| Date & Time of the Activity: | |

Minimum Continuing Legal Education (MCLE) Credit Hours Awarded for the Above Activity:

| Credit Type | Credit Hours |
|-----------------------------------|-----------------|
| General MCLE | |
| Legal Ethics | |
| Recognition & Elimination of Bias | |
| Implicit Bias | |
| Prevention & Detection Competence | |
| Wellness Competence | |
| Technology in the Practice of Law | |
| Civility in the Legal Profession | |
| Total | |

Below section is to be completed by the Paralegal, California Licensee and/or the Provider after participation in the activity

CA Bar Number

Signature of Paralegal or CA Licensee



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: | September 23, 2025 6:30 p.m 7:30 p.m. | |
| Title of Program: | Immigration Law Updates | |
| Location: | 650 Page Mill Road, Palo Alto, CA 94304 / also via Teams | |
| 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: Date: September 23, 2025 Provider Signature (above) Name: Vivian Shreve, CCLS Title: Continuing Education Committee | | |
| 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): | | |
| Signat | ure: | |