California MCLE
Certificate of Attendance

Provider Name: Legal Professionals Incorporated **Provider No.:** 1114

Title of Activity: Navigating E-Filing in Federal and California State Civil Litigation: A Practical Overview for Attorneys and Firm Staff

Location of the Activity (*City, State/Country/Remote*)**:** 650 Page Mill Road, Palo Alto, CA 94304 / also via Teams

Date & Time of the Activity: September 9, 2026, 6:30 p.m. - 7:30 p.m.

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

Credit Type	Credit Hours
General MCLE	1
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	1

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

Name of Paralegal or CA Licensee (*print name*) **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 9, 2026, 6:30 p.m. - 7:30 p.m.

Title of Program: Navigating E-Filing in Federal and California State Civil Litigation: A Practical Overview for Attorneys and Firm Staff

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: Legal Professionals Incorporated

Date: Septmeber 9, 2026

Renee Evans

Provider Signature (above)

Name: Renee M. Evans, CCLS

Title: Education Director

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: _____