

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the MCLE Provider

Provider Name:	<u>Anthony M. Kennedy Inn of Court</u>
Provider Number:	<u>1995</u>
Title of Activity:	<u>Mental Health and the Legal Profession</u>
Date(s) of Activity:	<u>10/18/2022</u>
Time of Activity:	<u>7:15 p.m.</u>
Location of Activity (City, State):	<u>Pacific McGeorge School of Law, Sacramento, CA</u>
Length of Activity:	<u>1.25 hours</u>

Total California MCLE Credit Hours for the above activity are 1.25 including the following sub-field credits:

- **Legal Ethics** .5
- **Elimination of Bias in the Legal Profession**
- **Prevention, Detection and Treatment of Substance Abuse/Mental Illness that Impairs Professional Competence** .5

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 the following California MCLE credit hours:

Total California MCLE Credit Hours 1.25, including the following sub-field credits

Legal Ethics: .5

Elimination of Bias in the Legal Profession

Prevention, Detection and Treatment of Substance Abuse / Mental Illness that Impairs Professional Competence .5

(You may not claim credit for the following sub-fields unless the provider is granting credit in these areas above.)

Print Your Name _____

Your California State Bar Number _____

Signature: _____

*partial participation hours must be pro-rated