

California MCLE Certificate of Attendance

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 California Licensee and/or the Provider after
participation in the activity**

Name of CA Licensee (*print name*)

CA Bar Number

Signature of CA Licensee