

## CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

*Top portion of form to be completed by the MCLE Provider*

Provider Name: Ventura County District Attorney's Office

Provider Number: 1130

Title of Activity: Trial Practice: Mock Opening Statement

Date(s) of Activity: November 15, 2016

Time of Activity: 2:00 - 5:00 pm

Location of Activity (City, State): HOJ: MDB Conf Room Ventura, CA

Total California MCLE Credit Hours for the above activity are 3.00, including the following sub-field credits:

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

*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 MCLE credit hours -

Total California MCLE Credit Hours 3.00, including the following sub-field credits

Legal Ethics \_\_\_\_\_

Elimination of Bias in the Legal Profession \_\_\_\_\_

Prevention, Detection and Treatment of Substance Abuse / Mental Illness that Impairs Professional Competence \_\_\_\_\_

(You may not claim credit for sub-fields unless the Provider is granting credit in those areas and you participated in those portions of the activity)

Print Your Name \_\_\_\_\_

Your California State Bar Number \_\_\_\_\_

Signature \_\_\_\_\_

\* partial participation hours must be pro-rated

## ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

**Please complete and return to Provider (Please Print)**

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**Please indicate your evaluation of this course by completing the table below**

Question	Yes	No	Comments
Did this program meet your educational objectives?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you provided with substantive written materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the course update or keep you informed of your legal responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the activity contain significant professional content?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

**Please rate the instructor(s) of the course below**

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
Brent Nibecker, Supervisor Misd Unit	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
Rachelle Dean, Supervisor Felony Unit	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
Michael Kern, DDA	Overall Teaching Effectiveness	—
	Knowledge of Subject Matter	—