

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: Closing Argument

Date(s) of Activity: November 17, 2016

Time of Activity: 9:00 - 12:00 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

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider (Please Print)

Provider Name: Ventura County District Attorney's Office Provider Number: 1130

Title of Activity: Trial Practice: Closing Argument

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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
Lauren Malan, Sr. DDA	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
Blake Heller, DDA	Overall Teaching Effectiveness Knowledge of Subject Matter	—