

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the Provider

It is preferred that the form is pre-printed with the attendees name and bar number.

Provider Name: Ventura County District Attorney's Office
Provider Number: 1130
Title of Activity: ARIDE
Date(s) of Activity: October 23, 2018 (day one)
Time of Activity: 8:30 a.m. to 4:30 p.m.
Location of Activity (City/State): Ventura, CA

This Activity qualifies for: Participatory ☒ Self-Study ☐
Total California MCLE Credit Hours for the above activity: 7.00, including
the following sub-field credits:

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: _____

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 claim the following California MCLE credit hours:

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

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: _____

(You may not claim credit for the subfields above unless the provider is granting credit in those areas above.)

Print Your Name (clearly): _____

Your California State Bar Number: _____

Signature: _____

* partial participation hours must be pro-rated

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the Provider

It is preferred that the form is pre-printed with the attendees name and bar number.

Provider Name: Ventura County District Attorney's Office

Provider Number: 1130

Title of Activity: ARIDE

Date(s) of Activity: October 24, 2018 (day two)

Time of Activity: 8:30 a.m. to 4:30 p.m.

Location of Activity (City/State): Ventura, CA

This Activity qualifies for: Participatory ☒ Self-Study ☐

Total California MCLE Credit Hours for the above activity: 7.00, including the following sub-field credits:

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: _____

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 claim the following California MCLE credit hours:

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

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: _____

(You may not claim credit for the subfields above unless the provider is granting credit in those areas above.)

Print Your Name (clearly): _____

Your California State Bar Number: _____

Signature: _____

* partial participation hours must be pro-rated

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the Provider

It is preferred that the form is pre-printed with the attendees name and bar number.

Provider Name: Ventura County District Attorney's Office

Provider Number: 1130

Title of Activity: ARIDE

Date(s) of Activity: October 25, 2018 (day three)

Time of Activity: 8:30 a.m. to 4:30 p.m.

Location of Activity (City/State): Ventura, CA

This Activity qualifies for: Participatory ☒ Self-Study ☐

Total California MCLE Credit Hours for the above activity: 7.00, including the following sub-field credits:

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: _____

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 claim the following California MCLE credit hours:

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

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: _____

(You may not claim credit for the subfields above unless the provider is granting credit in those areas above.)

Print Your Name (clearly): _____

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)

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

Title of Activity: ARIDE

Date(s) of Activity: October 23, 24, 25, 2018

Time of Activity: 8:30 a.m. to 4:30 p.m. (each of three days)

Location of Activity: Ventura, CA

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 |
|---|--|---------------|
| Officer Ryan Bates, Port Hueneme PD / ARIDE | 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 |
|--------------------------------------|--|---------------|
| | 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 |
|--------------------------------------|--|---------------|
| | Overall Teaching Effectiveness | — |
| | Knowledge of Subject Matter | — |