

# 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: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Time of Activity: \_\_\_\_\_

Location of Activity (City/State): \_\_\_\_\_

This Activity qualifies for: Participatory \_\_\_\_\_ Self-Study \_\_\_\_\_

Total California MCLE Credit Hours for the above activity: \_\_\_\_\_, 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:

Provider Number:

Title of Activity:

Date(s) of Activity:

Time of Activity:

Location of Activity:

**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
	Overall Teaching Effectiveness	
	Knowledge of Subject Matter	

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