

## OFFICIAL RECORD OF ATTENDANCE FOR CALIFORNIA MCLE

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

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

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

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

Time of Activity: \_\_\_\_\_ **3:00**

(City/State): \_\_\_\_\_

TOTAL ELIGIBLE CALIFORNIA MCLE CREDIT HOURS: **4.0**

Including the following sub-field credits:

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

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

Competence Issues: \_\_\_\_\_

NAME OF ATTENDEE	CALIFORNIA STATE BAR NO.	ATTENDEE SIGNATURE

REMINDER TO PROVIDER: Keep this record of attendance for 4 years after the date of completion of this activity.  
Questions: Email [providers@calbar.ca.gov](mailto:providers@calbar.ca.gov).