

OFFICIAL RECORD OF ATTENDANCE FOR CALIFORNIA MCLE

Provider: _____

Provider Number: _____

Title of Activity: _____

Date(s) of Activity: _____

Time of Activity: _____

(City/State): _____

TOTAL ELIGIBLE CALIFORNIA MCLE CREDIT HOURS:

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 |
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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.