

OFFICIAL RECORD OF ATTENDANCE FOR CALIFORNIA MCLE & LSMCLE

Provider Name: _____ Provider Number: _____

Title of Activity: _____

Type of Activity: ☐ MCLE ☐ LSMCLE, please specify specialty area: _____

Date of Activity: _____ Time of Activity: _____

Location Activity (City, State/Country/Remote): _____

Total eligible California MCLE credit hours: _____, including the following sub-field credits:

☐ California Legal Ethics: _____ ☐ Technology in the Practice of Law: _____

☐ Recognition & Elimination of Bias: _____ ☐ Implicit Bias: _____

☐ Prevention & Detection Competence: _____ ☐ Wellness Competence: _____

☐ Civility in the Legal Profession: _____

NAME OF ATTORNEY	CALIFORNIA STATE BAR #	SIGNATURE OF ATTORNEY

Please Note: Records of Attendance are to be retained for four years from the date of the activity and provided to the State Bar upon request during the said retention period.

For Additional Information and Questions:

Email the Provider Certification Program at providers@calbar.ca.gov