OFFICIAL RECORD OF ATTENDANCE FOR CALIFORNIA MCLE

Provider: _____

Provider Number: _____

Title of Activity: _____

Date(s) of Activity: _____

Time of Activity: _____

Location of Activity (City/State): _____

TOTAL ELIGIBLE CALIFORNIA MCLE CREDIT HOURS: [ ]

Legal Ethics: _____

Elimination of Bias in the Legal Profession: _____

Prevention, Detection and Treatment of Substance Abuse/
Mental Illness that Impairs Professional Competence: _____

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.