



CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the MCLE Provider

Provider Name: **California Minority Counsel Program**

Provider Number: **9949**

Title of Activity: **The Case of the Missing Black Associates:
CMCP Minority Associate Retention Project – Pilot 1**

Date(s) of Activity: **Wednesday, February 13, 2019**

Time of Activity: **6:15 pm - 7:30 pm**

Location of Activity (City/State): **The Orrick Building, 405 Howard Street, San Francisco, CA 94105**

This Activity qualifies for: **Participatory** Self-Study

Total California MCLE Credit Hours for the above activity: 1.25 , including the following subfield credits:

◆ Legal Ethics: 0

◆ Recognition and Elimination of Bias: 1.25

◆ Competence Issues: 0

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 the following MCLE credit hours:

Total California MCLE Credit Hours: _____ , including the following subfield credits:

◆ Legal Ethics: _____

◆ Recognition and Elimination of Bias: _____

◆ Competence Issues: _____

(You may not claim credit for subfields 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