



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: **Diversity in a Changing Workspace**
Date(s) of Activity: **Friday, May 3, 2019**
Time of Activity: **10:00 am – 11:00 am**
Location of Activity (City/State): **1111 Broadway, Oakland, CA 94607**

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

Total California MCLE Credit Hours for the above activity: 0.75 , including the following subfield credits:

- ◆ Legal Ethics: 0
- ◆ Recognition and Elimination of Bias: 0.75
- ◆ 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