



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: **CMCP 2020 Virtual Business Conference:
You Picked a Stressful Career, Now What?**

Date(s) of Activity: **Thursday, September 24, 2020**

Time of Activity: **1:00 pm - 2:00 pm**

Location of Activity (City/State): **Webinar**

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

Total California MCLE Credit Hours for the above activity: 1.0 , including the following subfield credits:

◆ Legal Ethics: 0

◆ Recognition and Elimination of Bias: 0

◆ Competence Issues: 0.5

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

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