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: **Speaker Boot Camp Part 2: "Prepare & Deliver" (The ABCs of Advising Clients on Choosing the Right Successor Trustee)**

Date(s) of Activity: **Thursday, January 28, 2021**
Time of Activity: **1:00 pm - 2:30 pm**
Location of Activity (City/State): **Webinar**

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

Total California MCLE Credit Hours for the above activity: 0.40 , including the following subfield credits:

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

1624 FRANKLIN STREET | SUITE 1206 | OAKLAND, CA 94612
phone (510) 929-0470 | fax (415) 477-2391 | www.cmcp.org