



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: **Session 2A: Playing the Long Game: Building and Sustaining Genuine Professional Relationships**
Date(s) of Activity: **Thursday, May 20, 2021**
Time of Activity: **1:30pm – 2:30pm**
Location of Activity: **Virtual Webinar**

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

Total California MCLE Credit Hours for the above activity: 0.5 , including the following subfield credits:
w Legal Ethics: 0
w Recognition and Elimination of Bias: 0.5
w 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:

w Legal Ethics: _____

w Recognition and Elimination of Bias: _____

w 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

052021_WomenofColorConference-Session2A_CA_MCLE_Certificate.docx

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