



## 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: **Overcoming Ally Pitfalls: Addressing Microaggressions and Bias From Allies**

Date(s) of Activity: **Wednesday, September 29, 2021**

Time of Activity: **2:15 pm – 3:45 pm**

Location of Activity: **Virtual Webinar**

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

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

w Legal Ethics: 0

w Recognition and Elimination of Bias: 1.0

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

092921\_AnnualBusConf-OvercomingAllyPitfalls\_CA\_MCLE\_Certificate.docx