



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:	<u>0</u>	
w Recognition and Elimination of Bias:	<u>1.0</u>	
w Competence Issues:	<u>0</u>	

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:	<u> </u>
w Recognition and Elimination of Bias:	<u> </u>
w Competence Issues:	<u> </u>

(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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