



## 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 1B: Pro Bono & Social Justice Support Beyond Writing a Check**  
Date(s) of Activity: **Wednesday, September 29, 2021**  
Time of Activity: **10:45am – 11:45am**  
Location of Activity: **Virtual Webinar**

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

**Total California MCLE Credit Hours for the above activity:** **0.50**, including the following subfield credits:

w Legal Ethics:	<u>0</u>
w Recognition and Elimination of Bias:	<u>0.50</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:

<b>Total California MCLE Credit Hours:</b>	<b>, including the following subfield credits:</b>
w Legal Ethics:	<u>          </u>
w Recognition and Elimination of Bias:	<u>          </u>

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

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