



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: 0

w Recognition and Elimination of Bias: 0.50

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

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