



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: **Women of Color: Speaking Up, Speaking Out, and Speaking Powerfully**
Date(s) of Activity: **Wednesday, September 29, 2021**
Time of Activity: **12:30 pm – 2:00 pm**
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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