



CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Provider Name: **California Minority Counsel Program**
Provider Number: **9949**
Title of Activity: **Walk the Walk**
Date(s) of Activity: **Thursday, June 19, 2014**
Time of Activity: **6:30 pm - 7:30 pm**
Location of Activity (City/State): **633 Battery Street, San Francisco, CA**

Total California MCLE Credit Hours for the above activity are 1.0 , including the following sub-field credits:

- ◆ Legal Ethics: 0
- ◆ Elimination of Bias in the Legal Profession: 1.0
- ◆ Prevention, Detection and Treatment of Substance Abuse/
Mental Illness that Impairs Professional Competence: 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 sub-field credits:

- ◆ Legal Ethics: _____
- ◆ Elimination of Bias in the Legal Profession: _____
- ◆ Prevention, Detection and Treatment of Substance Abuse/
Mental Illness that Impairs Professional Competence: _____

(You may not claim credit for sub-fields unless the Provider is granting credit in those areas and you participated in those portions of the activity)

Print Your Name _____

Your California State Bar Number _____

Signature _____

* partial participation hours must be pro-rated