



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: **CMCP/Kaiser 4th Annual CLE Marathon**
Date(s) of Activity: **Thursday, January 15, 2015**
Time of Activity: **12:30 pm – 4:50 pm**
Location of Activity (City/State): **One Kaiser Plaza, 22nd Floor, Oakland, CA**

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

Total California MCLE Credit Hours for the above activity: 3.5 , including the following subfield credits:
◆ Legal Ethics: 1.0 **Blurred Lines: Ethical Considerations in the Representation of Individuals and Corporate Entities (3:50 pm – 4:50 pm)**
◆ Recognition and Elimination of Bias: 1.5 **Horizon Line - A Compassion Plays Production (12:30 pm – 2:00 pm)**
◆ Competence Issues: 1.0 **Lawyers Who Drink Too Much (2:30 pm – 3:30 pm)**

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:
◆ Legal Ethics: _____ **Blurred Lines: Ethical Considerations in the Representation of Individuals and Corporate Entities (3:50 pm – 4:50 pm)**
◆ Recognition and Elimination of Bias: _____ **Horizon Line - A Compassion Plays Production (12:30 pm – 2:00 pm)**
◆ Competence Issues: _____ **Lawyers Who Drink Too Much (2:30 pm – 3:30 pm)**

(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