



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: **Walk the Walk**
Date(s) of Activity: **Wednesday, January 28, 2015**
Time of Activity: **6:00 pm - 7:00 pm**
Location of Activity (City/State): **500 N. State College Blvd., Suite 1400, Orange, CA**

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

Total California MCLE Credit Hours for the above activity: 1.0 , including the following subfield credits:

- ◆ Legal Ethics: 0
- ◆ Recognition and Elimination of Bias: 1.0
- ◆ 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:

- ◆ Legal Ethics: _____
- ◆ Recognition and Elimination of Bias: _____
- ◆ 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