

# California MCLE Certificate of Completion

**Provider Name:** \_\_\_\_\_ **Provider No.:** \_\_\_\_\_

**Title of Activity:** \_\_\_\_\_

**Location of the Activity** (*City, State/Country/Remote*): \_\_\_\_\_

**Date & Time of the Activity:** \_\_\_\_\_

## **Minimum Continuing Legal Education (MCLE) Credit Hours Awarded for the Above Activity:**

<b>Credit Type</b>	<b>Credit Hours</b>
General MCLE	
Legal Ethics	
Recognition & Elimination of Bias	
Implicit Bias	
Prevention & Detection Competence	
Wellness Competence	
Technology in the Practice of Law	
Civility in the Legal Profession	
<b>Total</b>	

**This section is to be completed by the California Licensee and/or the Provider after participation in the activity**

\_\_\_\_\_  
**Name of CA Licensee** (*print name*)

\_\_\_\_\_  
**CA Bar Number**

\_\_\_\_\_  
**Signature of CA Licensee**