



**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: **Tell Me Your Name: Stories and Insights on Race, Culture and Identity**  
Date(s) of Activity: **Tuesday, September 26, 2017**  
Time of Activity: **6:00 pm – 7:00 pm**  
Location of Activity (City/State): **560 Mission Street, 20th Floor, San Francisco, 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