

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:

Credit Type	Credit Hours
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	
Total	

**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 _____