



California Regional Offices
620 Newport Center Drive, Suite 1100
Newport Beach, CA 92660
Ph: 732-370-3344 Fax: 732-367-8168
pirchei@shemayisrael.com

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

To be Completed by the Provider

Provider: _____
Provider No. : 13317
Subject Matter/Title: _____
Date and Time of Activity: _____
Location: _____
Length of Presentation: _____

ELIGIBLE CALIFORNIA MCLE CREDIT:

TOTAL HOURS: _____

Legal Ethics: _____
Elimination of Bias in the Legal Profession: _____
Prevention, Detection and Treatment of Substance Abuse: _____



To Be Completed by the attorney after Participation in the Above-Name Activity:

By signing below, I certify that I participated in the activity described above and am entitled to claim the following California MCLE credit hours:

Total Hours: _____

(You may not claim credit for the following subfields unless the provider is granting credit in these areas above.)

Legal Ethics: _____
Elimination of Bias in the Legal Profession: _____
Prevention, Defection and Treatment of Substance Abuse: _____

Print Your Name (Clearly): _____
Your State Bar Number: _____

Signature: _____

REMINDERS: Keep this record of attendance for four years. In the event that you are audited by the Sate Bar, you may be required to submit this record of attendance. Send this to the State Bar only if



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you are audited. You must sign in on the Official Record of Attendance for California MCLE maintained by this provider in order to qualify for California MCLE credits.