

# CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

## Top portion of form to be completed by the Provider

It is preferred that the form is pre-printed with the attendees name and bar number.

Provider Name: CHILD SUPPORT DIRECTORS ASSOCIATION

Provider Number: 16375

Title of Activity: UIFSA REAL WORLD OPTIONS AND OPPORTUNITIES

Date(s) of Activity: WED., NOVEMBER 18, 2020

Time of Activity: 1:00 PM TO 2:30 PM

Location of Activity (City/State): SACRAMENTO, CA (DELIVERED VIRTUALLY)

This Activity qualifies for: Participatory  Self-Study

Total California MCLE Credit Hours for the above activity: 1.50, including the following sub-field credits:

- Legal Ethics: N/A
- Recognition and Elimination of Bias: N/A
- Competence Issues: N/A

## 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 claim the following California MCLE credit hours:

Total California MCLE Credit Hours: \_\_\_\_\_, including the following sub-field credits:

- Legal Ethics: \_\_\_\_\_
- Recognition and Elimination of Bias: \_\_\_\_\_
- Competence Issues: \_\_\_\_\_

*(You may not claim credit for the subfields above 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