

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the MCLE Provider

Provider Name: California Council of School Attorneys (CCSA)

Provider Number: 1641

Title of Activity: CCSA Virtual Fall Workshop Live Session – COVID-19 Lessons

Date(s) of Activity: Friday, October 9, 2020

Time of Activity: 10:00 a.m. - 11:15 a.m. (75 minutes)

Location of Activity (City/State): N/A

This Activity qualifies for: Participatory ☒ Self Study ☐

Total California MCLE Credit Hours for the above activity: 1.25, including the following subfield credits:

- Legal Ethics: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: _____

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

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Top portion of form to be completed by the MCLE Provider

Provider Name: California Council of School Attorneys (CCSA)

Provider Number: 1641

Title of Activity: CCSA Virtual Fall Workshop Live Session – Competence Issues

Date(s) of Activity: Friday, October 9, 2020

Time of Activity: 1:00 p.m. - 2:00 p.m. (60 minutes)

Location of Activity (City/State): N/A

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: _____
- Recognition and Elimination of Bias: _____
- Competence Issues: 1.0

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