



Certificate of Attendance for California MCLE

Provider Name: **SOUTHERN CALIFORNIA MEDIATION ASSOCIATION**
Provider Number: 9926
Title of Activity: **MEDIATION IN THE REAL WORLD**
Date(s) of Activity: October 21, 2017
Time of Activity: 9:00 AM - 5:00PM
Location of Activity (City/State): Los Angeles, California

This Activity qualifies for: **Speaker/Presenter**

Total California MCLE Credit Hours for the above activity: **5.00 Hours**, including the following sub-field 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 claim the following California MCLE credit hours:

Total California MCLE Credit Hours: **5.00 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: _____