

**SPEAKER'S CERTIFICATE OF ATTENDANCE
CALIFORNIA MCLE/SPECIALIZATION CREDIT**

PROVIDER: Appellate Defenders, Inc.

CHAPTER: San Diego

PROGRAM TITLE:

SPEAKER:

DATE/TIME:

LOCATION: 555 West Beech Street, Suite 300, San Diego, CA 92109

ELIGIBLE CREDIT:

____ Hour(s) Criminal Law Specialization (if applicable), Subcategory: _____

____ Hour(s) Appellate Law Specialization (if applicable), Subcategory: _____

TO BE COMPLETED BY SPEAKER AFTER PRESENTATION

By signing below, I certify that I presented the activity described above and am entitled to claim the following California MCLE/Specialization hours, including:

_____ **HOURS X 4 =** _____ **TOTAL SPEAKER HOURS**
Actual

MCLE CREDIT..... **TOTAL HOURS:** _____

LEGAL ETHICS: _____

ELIMINATION OF BIAS IN THE LEGAL PROFESSION: _____

PREVENTION, DETECTION & TREATMENT OF SUBSTANCE ABUSE: _____

APPELLATE SPECIALIZATION CREDIT..... **TOTAL HOURS:** _____

APPELLATE OR WRIT PRACTICE: _____

CRIMINAL TRIAL PROCEDURE OR OTHER SUBSTANTIVE LAW: _____

PLEASE NOTE: *You may claim credit only for the MCLE subcategory and specialization education subjects for which credit has been granted in the "Eligible Credit" section above.*

SIGNATURE

DATE

REMINDER: *Keep this Speaker's Certificate of Attendance for 4 years after date of completion of activity. In the event that you are audited by the State Bar, you may be required to submit this record of attendance to the State Bar. Do not send to the State Bar unless you are audited.*

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

To be Completed by the Provider:

Provider: Appellate Defenders, Inc.

Subject Matter/Title: _____

Date and Time of Activity: _____

Location: 555 West Beech St., # 300, San Diego, CA 92101

Length of Activity: _____

ELIGIBLE CALIFORNIA MCLE CREDIT

TOTAL HOURS: _____

Legal Ethics: _____

Elimination of Bias in the Legal Profession: _____

Detection/Prevention of Substance Abuse: _____

*** This activity qualifies as credit toward Legal Specialization in Appellate Law**

To Be Completed by the Attorney after Participation in the Above-Named 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: _____

Detection/Prevention of Substance Abuse: _____

Signature: _____

REMINDER: Keep this record of attendance for four years. In the event that you are audited by the State Bar, you may be required to submit this record of attendance. Send this to the State Bar only if you are audited. You must sign in o the Official Record of Attendance for California MCLE maintained by this provider in order to qualify for California MCLE credits.

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete this and return to Provider

Please Print

PROVIDER NAME: Appellate Defenders, Inc.

PROVIDER PHONE: (619) 696-0282

PROVIDER ADDRESS: 555 West Beech Street, Suite 300, San Diego, CA 92101

TITLE OF ACTIVITY:

DATE OF OFFERING:

SITE:

NAME OF PARTICIPANT:

(optional)

First

Last

Directions: On a scale of 1-5 (5 being the highest, best or most and 1 being the lowest, worst or least) rate by circling the number reflecting your opinion.

To what extent were your personal objectives satisfied?

Comments: _____ 5 4 3 2 1

To what extent did the environment contribute to the learning experience?

Comments: _____ 5 4 3 2 1

To what extent did the written materials contribute to the learning experience?

Comments: _____ 5 4 3 2 1

To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied?

Comments: _____ 5 4 3 2 1

To what extent did the activity contain significant current intellectual or practical content?

Comments: _____ 5 4 3 2 1

Please rate the faculty on the same scale

	Overall Teaching Effectiveness	Effectiveness of Teaching Methods	Significant Current Intellectual/Practical Content
INSTRUCTOR'S NAME: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
SUBJECT/TOPIC: _____			
COMMENTS: _____			
INSTRUCTOR'S NAME: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
SUBJECT/TOPIC: _____			
COMMENTS: _____			
INSTRUCTOR'S NAME: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
SUBJECT/TOPIC: _____			
COMMENTS: _____			