

SELF STUDY MCLE CREDIT
(unofficial form)

Attorney

Name: _____

State Bar no.: _____

Compliance period: _____
(e.g., 2016-2019, 2017-2020, etc.)

Program

Date of original program: _____

Date self study credits
earned: _____
(must be no more than five years after original program)

Provider: _____

Title of program: _____

Form of program: _____
(e.g., article with quiz, recorded audio or video, website, etc.)

Credit

Hours general MCLE
credit: _____

Special credits: Hours: _____ Area: _____
(e.g., ethics, competence, bias)

Certification

I certify that I completed this program as specified above.

Date: _____ Signed: _____

**** No more than 50% of the MCLE hours earned in a compliance period may be self-study. ****