

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

To Be Completed by the Provider

Provider: Appellate Defenders, Inc.

Provider Number: 1286

Title of Activity: Case Law Update

Date(s) of Activity: June 5, 2013

Time of Activity: 12 noon - 1 pm

Location of Activity (City/State): San Diego, CA

TOTAL ELIGIBLE CALIFORNIA MCLE CREDIT HOURS: 1.0

Subfield Credits:

Legal Ethics: _____

Elimination of Bias in the Legal Profession: _____

Prevention, Detection and Treatment of Substance Abuse/
Mental Illness that Impairs Professional Competence: _____

** 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: _____

Prevention, Detection and Treatment of Substance Abuse/
Mental Illness that Impairs Professional Competence: _____

Print Your Name (clearly): _____

Your State Bar Number: _____

Signature: _____

ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider (Please Print).

Provider: Appellate Defenders, Inc. Provider Number: 1286

Provider Phone Number: (619) 696-0282

Provider Address: 555 W. Beech St., Suite 300, San Diego, CA

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Directions: Please mark the appropriate box to indicate your evaluation of this course. YES NO

1. Did this program meet your educational objectives? YES NO

Comments: _____

2. Did the environment have a positive influence on your learning experience? YES NO

Comments: _____

3. Were you provided with substantive written materials? YES NO

Comments: _____

4. Did the course update or keep you informed of your legal responsibilities? YES NO

Comments: _____

5. Did the activity contain significant current professional content? YES NO

Comments: _____

Please rate the faculty on a scale of 1 to 5 (1 being the lowest; 5 being the highest).

	Overall Teaching Effectiveness	Effectiveness of Teaching Methods	Significant Current Knowledge of Subject
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: _____			
Name of Participant: _____			
(optional) <u>First</u>			<u>Last</u>