



770 L Street, Suite 950 ▪ Sacramento, CA 95814

CERTIFICATE OF ATTENDANCE FOR CALIFORNIA MCLE

Provider: **T9 Mastered, Inc.**

Provider Number: **17988**

Title of Activity: **“Trauma-Informed Virtual Interviewing – Why We Need This Approach”**

Date(s) of Activity: **August 5, 2020**

Time of Activity: **10 am to 11:00 am**

Location of Activity (City/State): **Live webinar**

This Activity qualifies for: **Participatory**

Total California MCLE Credit Hours for the above activity: **1.0** including the following subfield credits:

- Legal Ethics: N/A
- Recognition and Elimination of Bias: N/A
- Competence Issues: N/A

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:

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

(You may not claim credit for subfields unless the provider is granting credit in those areas above.)

Name: _____

State Bar Number: _____

Signature: _____

* partial participation hours must be pro-rated