



MCLE ATTENDANCE FORM
PROVIDER
VENUE
DATE

Printed Name: (FAMILY NAME, GIVEN NAME, MIDDLE NAME)
Signature:
Address:
Roll of Attorney:
IBP No. (Life No.)
IBP Chapter:
Telephone No.

(FOR MCLE MONITOR USE ONLY)

Table with 4 columns: TOPIC, TIME, CREDIT UNITS, STAMP/SIGNATURE OF MCLE MONITORS. Rows labeled TOPIC 1, TOPIC 2, TOPIC 3, TOPIC 4.

Guidelines In The Submission Of The Attendance Form and Evaluation Form

- 1. The participant shall secure MCLE attendance form from the accredited monitor stationed at the registration area before entering the MCLE activity venue.
2. The participant shall fill up legibly the MCLE attendance form and supply the basic information needed to avoid non-posting of credit units earned.
3. The participant must present his/her Attendance Form for signing by the Program Monitor at the end of every lecture attended by him/her. No credit units will be earned by the participant for any lecture in which his/her attendance was not properly confirmed by the Program Monitor.
4. At the end of the activity, the participant shall personally submit the attendance and evaluation forms to the MCLE Program Monitor who in turn shall acknowledge receipt thereof. Failure of the participant to do so shall mean forfeiture of the credit unit/s.
5. The participant is required to wear his/her Numbered Identification Card/Name Tag at all times during the MCLE program except when he/she leaves the lecture hall, in which case he/she should leave it to the Program Monitor.
6. No request for exemption from attendance shall be entertained by the Monitor. Such request should be coursed thru the MCLE Committee for approval.
7. Credit units shall be computed on the basis of actual attendance at the lecture. Loitering and leaving the venue for an unreasonable length of time shall be deducted from the credit unit/s of the participant.

In view of the foregoing, the undersigned hereby affixes his/her signature showing that he/she has read and understood the same

Signature

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R E C E I P T

Received from Atty. his/her MCLE Attendance Form.
Date:

By: PROVIDER OR MONITOR