



Supreme Court of the Philippines
MANDATORY CONTINUING LEGAL EDUCATION OFFICE
4th Floor, IBP Building
15 Doña Julia Vargas Avenue
Ortigas Center, Pasig City
Tel. Nos. 8687-7349 / 8627-6268

ATTORNEY'S MCLE COMPLIANCE REPORT

1. Name: _____
Surname First Name Middle Name Suffix
2. Roll No.: _____ Year Admitted: _____ E-mail address: _____
3. Telephone No.: _____ Mobile No: _____
4. Sex: _____ Civil Status: _____ Birthdate: _____ Birth Place: _____
mm/dd/yyyy
5. Home Address: _____

6. Company/Law Office Name: _____
7. Work Address: _____

8. Preferred Mailing Address: _____
9. Law School: _____ IBP Chapter: _____

10. COMPLIANCE CREDIT SUMMARY:

(Please fill up form at the back)

Title of MCLE Activity/Program	:	Subject Area	:	Provider	:	Date of Activity	:	Category of Participation (Attendee, Law Lecturer, Professor/Bar Reviewer, Author/Editor)	:	CU
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**ACCESS Online FlexiSynch MCLE Lecture Series 21
July 21, 22, 28 & 29, 2023**

I hereby certify that the above information are true and complete of my own personal knowledge.

MCLE Office Data Privacy Policy Pursuant to the Data Privacy Act (RA 10173):

By signing this form, you agree that the MCLE Office may collect, record, organize, update, use, consolidate, disclose or otherwise process personal data, as provided herein, for the following purposes:

1. Recording, processing, maintenance and updating of your MCLE record of attendance / compliance / exemption;
2. Other lawful, legitimate and authorized purposes of the MCLE Office upon compliance with reasonable guidelines set by the MCLE Governing Board.

Sufficient security controls are implemented to protect your data, and any data herein collected, recorded, organized, updated, used, consolidated or provided shall be protected and accessed only by authorized MCLE personnel.

Printed Name and Signature of Applicant

Date

AUTHORIZATION

Dean Sedfrey M. Candelaria

Acting Chairperson, MCLE Governing Board
4th Floor, IBP Building
15 Doña Julia Vargas Avenue
Ortigas Center, Pasig City

Dear Dean Candelaria:

I hereby authorize Alternative Center for Continuing Education and Seminar Solutions, Inc. (ACCESS) to process and secure for me my Certificate of Bar Matter No. 850 for the compliance period as follows:

- | | |
|--|--|
| <input type="checkbox"/> 1 st Compliance Period | <input type="checkbox"/> 5 th Compliance Period |
| <input type="checkbox"/> 2 nd Compliance Period | <input type="checkbox"/> 6 th Compliance Period |
| <input type="checkbox"/> 3 rd Compliance Period | <input type="checkbox"/> 7 th Compliance Period |
| <input type="checkbox"/> 4 th Compliance Period | <input type="checkbox"/> 8 th Compliance Period |

Thank you very much for your assistance on this matter.

Sincerely yours,

Signature over Printed Name

Roll Number: _____

IBP Chapter: _____

Complete Mailing Address: _____

Contact Number: _____