MCLE FORM 6: OPTIONAL Contemporaneous Individual Screening Log

Instructions:
This form may be used to satisfy MCLE Regulation 7.100.

**IN ORDER FOR YOUR TRANSCRIPT TO BE UPDATED,
PLEASE SEND A COPY OF THIS FORM TO THE MCLE OFFICE.**
NOTE: If this is your reporting year and your compliance report has already been mailed to you, this activity will not be posted before your reporting deadline. Please add this activity (manually) to the Itemization page of your compliance report.

Name:	Bar #: ☐☐☐☐☐☐
Program Title:	
Date and location (city & state) of original program:	Program #: (see http://www.osbar.org/members/mclesearch.asp for numbers)
Name of Program Sponsor:	

Date(s) Screened M/D/Y	**Location of Screening** (i.e., home, office, car)	**Time of Screening**	**Source of Program** (i.e., where did you rent, buy, borrow)	**Audio or Video?**	**Did you screen entire program from start to finish?**	**Written Materials Reviewed** (yes/no)

NOTES:

❑ ***Activity has been accredited by the Oregon State Bar for the following credit:***

_____ **General**

_____ **Ethics**

_____ **A/J**

_____ **Abuse Reporting**

_____ **Practical Skills**

_____ **Personal Management**

Oregon State Bar MCLE, 16037 SW Upper Boones Ferry Rd., PO Box 231935, Tigard, OR 97281-1935
(503) 620-0222 X368 or 1-800-452-8260 X368