



**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 of Attorney No. \_\_\_\_\_ Year Admitted: \_\_\_\_\_ e-mail address: \_\_\_\_\_
3. Telephone \_\_\_\_\_ Mobile No: \_\_\_\_\_
4. Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
mm/dd/yyyy
5. Home Address: \_\_\_\_\_
6. Work Address: \_\_\_\_\_
7. Preferred Mailing Address: \_\_\_\_\_
8. Law School: \_\_\_\_\_ IBP Chapter: \_\_\_\_\_

**9. 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. 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:

- Recording, processing, maintenance and updating of your MCLE record of attendance / compliance / exemption;
- 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  
4<sup>th</sup> Floor, IBP Building  
15 Doña Julia Vargas Avenue  
Ortigas Center, Pasig City

**Dear Justice Gonzaga-Reyes:**

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 <sup>st</sup> Compliance Period | <input type="checkbox"/> 5 <sup>th</sup> Compliance Period |
| <input type="checkbox"/> 2 <sup>nd</sup> Compliance Period | <input type="checkbox"/> 6 <sup>th</sup> Compliance Period |
| <input type="checkbox"/> 3 <sup>rd</sup> Compliance Period | <input type="checkbox"/> 7 <sup>th</sup> Compliance Period |
| <input type="checkbox"/> 4 <sup>th</sup> 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: \_\_\_\_\_