



**CONTINUING LEGAL EDUCATION PROGRAM  
ATTENDEE AFFIRMATION**

**CLE CREDIT FOR TRADITIONAL OR NONTRADITIONAL FORMAT COURSE**

I, \_\_\_\_\_, acknowledge receipt of the course materials for:  
(please print attorney name)

I certify that I have participated in the above course in its entirety. Therefore, I request that I be awarded the applicable number of CLE credits for this course.

**Jurisdictions** (check all applicable)

- ☐ California – State Bar # \_\_\_\_\_
- ☐ Colorado – State Bar # \_\_\_\_\_
- ☐ Florida – State Bar # \_\_\_\_\_
- ☐ Illinois – ARDC # \_\_\_\_\_
- ☐ New York – State Bar # \_\_\_\_\_
- ☐ Ohio – State Bar # \_\_\_\_\_
- ☐ Pennsylvania – State Bar # \_\_\_\_\_
- ☐ Texas – State Bar # \_\_\_\_\_
- ☐ Virginia – State Bar # \_\_\_\_\_
- ☐ Washington – State Bar # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**COURSE CODE:** \_\_\_\_\_

During the course or program, you will see and/or hear a CLE code. Please enter the code in the above field. If you do not include the code, you will not be eligible for CLE credit.

**Format**

Simultaneous Webcast  
Group Participation/Live Classroom

**Time In:** \_\_\_\_\_ **Time Out:** \_\_\_\_\_

Cooley LLP, 3 Embarcadero Center, 20th Floor, San Francisco, CA 94111-4004

**Name of CLE Provider**

**Signature of Attorney**

\_\_\_\_\_  
**Signature of Attorney**

\_\_\_\_\_  
**E-mail Address of Attorney**

\_\_\_\_\_  
**Date of completion of CLE course**

- Please return the completed form to [mcleclmbx@cooley.com](mailto:mcleclmbx@cooley.com) within three business days of the course.
- **NY lawyers: The NY CLE rules require forms to be returned immediately after the program.**
- Cooley LLP is an Accredited CLE provider in CA, FL, IL, NY and TX.
- Credit in other jurisdictions may be available upon request. For attorneys requesting credit not listed above, please include the jurisdiction and your state bar number.

**When complete, please click [Submit Form](#) or return this form to [MCLECLEMBX@COOLEY.COM](mailto:MCLECLEMBX@COOLEY.COM)**



## CONTINUING LEGAL EDUCATION PROGRAM

### EVALUATION FORM

PROGRAM: \_\_\_\_\_

SPEAKERS: \_\_\_\_\_

Evaluate this course by checking the appropriate box.

1. **Program Content:**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor      ☐ N/A

2. **Instructor Quality:**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor      ☐ N/A

3. **Written Materials:**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor      ☐ N/A

4. **Facility:**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor      ☐ N/A

5. **Effectiveness of Technology:**

☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor      ☐ N/A

**ADDITIONAL COMMENTS:**

When complete, please return this form to [MCLECLEMBX@COOLEY.COM](mailto:MCLECLEMBX@COOLEY.COM)