



**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 # _____
- Oregon – 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 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



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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