



**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 two CLE codes. Please enter the codes in the above fields. If you do not include the codes, 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