



CONTINUING EDUCATION PROGRAM
ATTENDEE AFFIRMATION
CREDIT FOR NONTRADITIONAL FORMAT COURSE

I, _____, acknowledge receipt of the course materials for:
(please print 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 credits for this course.

Jurisdictions (check all applicable)

- ☐ California – State Bar # _____
- ☐ Colorado – State Bar # _____
- ☐ Illinois – ARDC # _____
- ☐ New York – State Bar # _____
- ☐ Texas – State Bar # _____
- ☐ Virginia – State Bar # _____
- ☐ Washington – State Bar# _____
- ☐ SHRM _____
- ☐ HRCI _____
- ☐ Other _____

COURSE CODE: _____

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

Format

Simultaneous Webcast

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

Signature of Attorney

E-mail Address of Attorney

Date of completion of CLE course

- Please return the completed form to mcleclembx@cooley.com no later than three days after 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, 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



CONTINUING 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