PERKINSCOIE
COUNSEL TO GREAT COMPANIES

ATTORNEY AFFIRMATION
CLE CREDIT FOR INDIVIDUAL REMOTE PARTICIPATION

I, _____, acknowledge receipt of the program materials for:

(PLEASE PRINT NAME)

_____

(PROGRAM TITLE)

I certify that on _____ (date[i]) I participated in the above firm program in its entirety via the format indicated below. I am requesting CLE credit for my participation and understand this program may not meet CLE standards in certain jurisdictions.

Format (*check one*)

__ Live Web/videoconference (e.g. BlueJeans)

__ Teleconference

__ Online, Pre-recorded (e.g. Panopto)

__ Other _____

      (Please Describe)

During the program you will hear a CLE code. Please enter the code in the above field. *If you do not include the code, you cannot be awarded CLE credit.*

Code #1: _____ Code #2: _____

Code #3: _____ Code #4: _____

Code #5: _____

Perkins Coie LLP
Name of CLE Provider

_____
License State(s) / Bar Number(s)

_____
Email Address (not required for Perkins Coie employees)

_____
Signature of Attorney

_____
Date

**Completed forms should be emailed to Yendy Corniel
YCorniel@perkinscoie.com within one (1) week of program
completion. Please keep the original form with your personal CLE
records.**

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[i] Attorneys earn CLE credit as of the date they complete a CLE course

Program Evaluation Form

Program Title: _____

Program Date | Time: _____

Program Location: _____

Presenter(s): _____

1. Please rate the overall quality of the program:

   ____ Excellent   ____ Met Expectations   ____ Needs Improvement   ____ Did Not Meet Expectations

2. Were the stated learning objectives met?

   ____ Yes   ____ No

3. Given the subject and objectives, the length of the program was:

   ____ Too short   ____ Proper length   ____ Too long

4. Please rate the written materials provided with the program (including advance preparation materials, audio and video materials, and handouts if applicable):

   ____ Excellent   ____ Met Expectations   ____ Needs Improvement   ____ Did Not Meet Expectations

5. Were the program materials accurate, relevant, and did they contribute to the achievement of the learning objectives?

   ____ Yes   ____ No

6. Did the environment have a positive influence on your learning experience?

   ____ Yes   ____ No

7. Please rate the technological equipment:

   ____ Excellent   ____ Met Expectations   ____ Needs Improvement   ____ Did Not Meet Expectations

8. Do you have additional comments, suggestions, or program/topic recommendations?

Please rate the faculty on a scale of 1 to 5 (1 being the lowest; 5 being the highest - check one):

	1	2	3	4	5

Instructor's Name: _____

Instructor's Name: _____

Instructor's Name: _____

Instructor's Name: _____

Instructor's Name: _____

Instructor's Name: _____

Instructor's Name: _____

Instructor's Name: _____