

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 _____ (dateⁱ) 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: _____ Code #6: _____

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 before September 30, 2020. Any
applications received after this date will not be eligible. Please
keep the original form with your personal CLE records.

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