

**ATTORNEY AFFIRMATION**  
**CLE CREDIT FOR INDIVIDUAL REMOTE PARTICIPATION**

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I, \_\_\_\_\_, acknowledge receipt of the program materials for:  
(PLEASE PRINT NAME)

\_\_\_\_\_  
(PROGRAM TITLE)

I certify that on \_\_\_\_\_ (date<sup>i</sup>) 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: \_\_\_\_\_

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**  
**[AffirmationForms@perkinscoie.com](mailto:AffirmationForms@perkinscoie.com) within one (1) week of**  
**program completion. Please keep the original form with your**  
**personal CLE records.**

<sup>i</sup> Attorneys earn CLE credit as of the date they complete a CLE course

# Program Evaluation Form

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**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?

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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: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_