

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: _____

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 within one (1) week of
program completion. Please keep the original form with your
personal CLE records.

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: