UNIFORM CERTIFICATE OF ATTENDANCE

Top portion of form to be completed by Provider

Provider Name: _____

Title of Activity: _____

Date(s) of Activity: _____

Time and Duration of Activity: _____

Location of Activity (City/State): _____

The Activity qualifies for   Participatory ☐   Self-Study ☐   Affirmation code [_____]

[_____]

[_____]

[_____]

Total CLE/MCLE Credit Hours for the above activity: _____; including the following sub-field credits:

- Attorney Professional Conduct: _____
- Competence/Substance Abuse: _____
- Diversity, Inclusion & Elimination of Bias: _____
- Legal Ethics:_____
- Mental Illness Awareness: _____
- Cybersecurity: _____
- Wellness: _____
- Professionalism: _____
- Technology: _____

Bottom portion of form to be completed by the Lawyer after participation in the above-referenced activity

By signing below, I certify that I participated in all, or some*, of the activities described above and am therefore entitled to claim the following CLE/MCLE credit hours.

Total CLE/MCLE Credit Hours: _____, including the following sub-field credits:

Attorney Professional Conduct: _____   Mental Illness Awareness: _____

Competence/Substance Abuse: _____   Cybersecurity: _____

Diversity, Inclusion & Elimination of Bias: _____   Professionalism: _____

Legal Ethics: _____   Technology: _____

Wellness: ____

(You may not claim credit for subfields above unless the provider is granting credit in those areas above.)

Print Name (clearly): _____

State Bar(s): _____

State Bar Number(s):_____

Signature: *(electronic signature sufficient)* _____

Acknowledged by Robin Hallagan, Legal Training Manager, Squire Patton Boggs

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Squire Patton Boggs Continuing Legal Education Program Survey

Course Title: _____

Date: _____   **Location:** _____

Was the program content consistent with the course description?

1= Strongly Disagree   2= Disagree   3= Neutral   4= Agree   5= Strongly Agree

Was the program content well organized?

1= Strongly Disagree   2= Disagree   3= Neutral   4= Agree   5= Strongly Agree

What topic area(s) did you find appealing?

Instructor Delivery:

How satisfied were you with the presenter's depth of knowledge on the subject matter?

1= Strongly Disagree   2= Disagree   3= Neutral   4= Agree   5= Strongly Agree

How well did the presenter handle questions and answers from the audience?

1= Strongly Disagree   2= Disagree   3= Neutral   4= Agree   5= Strongly Agree

Overall program delivery:

How would you rate your overall satisfaction with this program?

1= Strongly Disagree   2= Disagree   3= Neutral   4= Agree   5= Strongly Agree

How useful was the information presented in today's program?

1= Strongly Disagree   2= Disagree   3= Neutral   4= Agree   5= Strongly Agree

What suggestions do you have for improvement for this program?

Would you recommend this program to a colleague?

1 = YES   2 = NO

Name (Optional) _____