



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: _____
- Professional Conduct: _____
- 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: _____	Professional Conduct: _____
Diversity, Inclusion & Elimination of Bias: _____	Professionalism: _____
Legal Ethics: _____	Technology: _____

(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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Course Title: _____

Course Date: _____ Location: _____

CONTENT

The program content consistent with course description.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

The program content was well organized.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Which topics did you find appealing? _____

PRESENTER DELIVERY

The presenter’s depth of knowledge on the subject matter was satisfactory.

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

OVERALL PROGRAM DELIVERY

Program met my expectations.

Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied

I found the information relevant and timely.

Not Very Useful	Not Useful	Neutral	Useful	Very Useful

What suggestions do you have for improvement for this program? _____

Would you recommend this program to a colleague? Yes No

Name (optional) _____