



## 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) \_\_\_\_\_