

**ATTORNEY AFFIRMATION**  
**CLE CREDIT FOR NONTRADITIONAL FORMAT COURSE**

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I, \_\_\_\_\_, acknowledge receipt of the course materials for:  
(attorney name)

\_\_\_\_\_  
(course title)

I certify that I have listened to and/or viewed the above course in its entirety. Therefore, I request that I be awarded the applicable number of CLE credits for this course.

**Format** (*check one*)

- |   |   |
|---|---|
| <input type="checkbox"/> Teleconference           | <input type="checkbox"/> CD-ROM         |
| <input checked="" type="checkbox"/> Webconference | <input type="checkbox"/> DVD            |
| <input type="checkbox"/> Videoconference          | <input type="checkbox"/> Audio File     |
| <input type="checkbox"/> Audiotape                | <input type="checkbox"/> Online         |
| <input type="checkbox"/> Videotape                | <input type="checkbox"/> Live Broadcast |
| <input type="checkbox"/> CD                       | <input type="checkbox"/> Other _____    |
- (Please Describe)

**COURSE CODE:** \_\_\_\_\_

During the course or program you will see and/or hear a CLE code. Please enter the code in the above field. If you do not include the code, you will not be awarded CLE credit. If there are multiple codes (for example, a separate code for each segment of a program) please enter here:

Code #2: \_\_\_\_\_ Code #3: \_\_\_\_\_

Code #4: \_\_\_\_\_ Code #5: \_\_\_\_\_

\_\_\_\_\_  
**Name of CLE Provider**

\_\_\_\_\_  
**Signature of Attorney**

\_\_\_\_\_  
**Licensure State(s) & Bar Number(s)**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Date of completion of CLE course**

Please return your completed form to Patrick Brennan at pbrennan@foley.com following the program.