

ATTORNEY DEVELOPMENT



Ownership | Professional Excellence | Service & Teamwork | Client Focus

ATTORNEY AFFIRMATION CLE CREDIT FOR NONTRADITIONAL FORMAT COURSE

I, _____, acknowledge receipt of the
(Attorney Name)
course materials for _____.
(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
(State(s) of Admission)
course.

Format (check one)

- | | |
|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Teleconference | <input type="checkbox"/> CD-ROM |
| <input type="checkbox"/> Webconference | <input type="checkbox"/> DVD |
| <input type="checkbox"/> Audiotape | <input type="checkbox"/> Audio File |
| <input type="checkbox"/> Videoconference | <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: _____

Akin Gump Strauss Hauer & Feld LLP
Name of CLE Provider

Signature of Attorney

Date of completion of CLE course
(Attorneys earn CLE credit as of the date they complete a CLE course)

- To obtain CLE credit, please complete and sign this form and then submit it to the CLE provider. Once your participation is verified by the provider, a CLE Certificate of Attendance will be issued to you by the provider.
- Attorneys should retain a copy of this affirmation along with their CLE Certificate of Attendance.