

When complete, please return this form to NYS_CLE@fd.org

Federal Defenders of New York
CONTINUING LEGAL EDUCATION PROGRAM
ATTORNEY AFFIRMATION
CLE CREDIT FOR NONTRADITIONAL FORMAT COURSE

I, _____, acknowledge receipt of the course materials for:
(please print attorney name)

(please print course title and date)

I certify that I have participated the above course. Therefore, I request that I be awarded the applicable _____ of _____ CLE credits for this course.
(number) (state)

COURSE CODE 1: _____

COURSE CODE 2: _____

COURSE CODE 3: _____

COURSE CODE 4: _____

COURSE CODE 5: _____

COURSE CODE 6: _____

During the course or program you will hear at least one CLE code per hour of CLE credit. Please enter the codes in the above field. If you do not include these codes, you will not be awarded CLE credit.

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)

Federal Defenders of New York, Inc.
Name of CLE Provider

Signature of Attorney

E-mail Address of Attorney

Date of completion of CLE course

- Please return completed form to NYS_CLE@fd.org within three weeks of the date of course.
- Federal Defenders of New York, Inc. is an Accredited CLE provider in NY. A NY CLE Certificate of Attendance will be issued to you by the provider. Credit in other jurisdictions may be available upon request.
- New York attorneys should retain a copy of this affirmation along with their New York CLE Certificate of Attendance.
- Experienced New York attorneys may earn CLE credit through nontraditional formats. Generally, newly admitted attorneys may not earn CLE credit through nontraditional formats.

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CONTINUING LEGAL EDUCATION PROGRAM
EVALUATION FORM

SPEAKER(S): _____
(please print speaker name(s))

Evaluate this course by checking the appropriate box.

1. **Program Content:**

Excellent Good Fair Poor N/A

2. **Instructor Quality:**

Excellent Good Fair Poor N/A

3. **Written Materials:**

Excellent Good Fair Poor N/A

4. **Facility:**

Excellent Good Fair Poor N/A

5. **Effectiveness of Technology:**

Excellent Good Fair Poor N/A

ADDITIONAL COMMENTS / SUGGESTIONS FOR FUTURE PROGRAMS: