



Affirmation Form - Live Participation

Course Title:

Instructor(s):

Date:

Length of Program:

CLE Provider:

I, _____, acknowledge receipt of the course materials for the course named above. I also certify that I viewed or listened to a live presentation of this course in its entirety. Therefore, I request that I be awarded the applicable number of CLE credits.

CLE Code(s): *If multiple codes are offered for programs longer than one hour, please enter side-by-side.*

State Bar Number(s): *Please indicate the state next to each bar number.*

Please provide your zoom login name and/or the phone number you used to dial-in for this program:

E-mail Address:

Your Signature and Today's Date:

Please return this form to cle@omm.com.

Please continue to the next page to share any feedback that you may have.

Your thoughts are very appreciated. Thank you!



**MCLE Activity
Evaluation Form**

Course Activity Details

Title:

Format:

Date:

Overall Evaluation (Rank 1-5 with 5 being the highest and 1 being the lowest)

To what extent were your personal objectives satisfied?

To what extent did the environment contribute to the learning experience?

To what extent did the written materials contribute to the learning experience?

To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied?

To what extent did the activity contain significant current intellectual or practical content?

To what extent did technology contribute to the learning experience?

Faculty Evaluation (Rank 1-5 with 5 being the highest and 1 being the lowest)

Overall Teaching
Effectiveness

Effectiveness of
Teaching Methods

Significant current
Intellectual or Practical Content

Instructor:

Instructor:

Comments: