

Affirmation of completion

Course provider: Davis Polk & Wardwell LLP

Program title: _____

Presenters: _____

Date: _____ Start time: _____ End time: _____

Course format: Webinar / Live videoconference (VCN)

Online recording

Affirmation of completion

Must be completed for course formats other than live classroom.

I, _____ hereby affirm that I have watched/listened
(print name) (email address)

to _____, in its entirety on _____.
(title of program) (date of completion)

Bar ID number: _____ State: _____ If other, please indicate here _____

The affirmation code(s) for this program is / are: _____

Signature

Seeking California MCLE credit? Please return this form within 60 days of your attendance date. Credit cannot be issued for California MCLE requests received after this timeframe.

CLE form submission

After you have completed this form, please save the PDF file and email it to the Davis Polk CLE team at cle@davispolk.com.