

C L I F F O R D
C H A N C E

ATTORNEY AFFIRMATION

NEW YORK CLE CREDIT FOR NONTRADITIONAL FORMAT COURSE

TITLE:	
DATE:	
TIME:	
PRESENTER(S):	
VENUE:	

I _____ certify that I have attended/completed the above course in its entirety. Therefore, I request the applicable number of New York State CLE credits for this course.

Program verification code: _____

Attended course via (*check one*):

- ☐ Webconference
- ☐ Online/video
- ☐ Teleconference

(Signature of Attorney)

(Date of completion of CLE Course - mm\dd\yy)

To submit the form:

- 1. Click on the 'Submit' button below**
- 2. Add your name at the end of the filename (after the date)**
- 3. Click 'Save'**
- 4. Click 'Send'**

If the 'Submit' button does not work, please email your saved form to: nyc.professionaldevelopment@cliffordchance.com.