CALIFORNIA MCLE SELF-STUDY CERTIFICATE

Provider Orrick, Herrington & Sutcliffe

Attorney Name _____

California Bar Number _____

Title of Program M&A Landscape in US under COVID-19

Date of Activity _____

FORMAT: ONLINE

Total Hours 1.25

Specific Application of Hours:

Legal Ethics _____ Competence (substance abuse) _____

Elimination of Bias _____ General 1.25

KEEP FOR YOUR RECORDS

Orrick, Herrington & Sutcliffe LLP

California MCLE Activity Evaluation Form - please return to mwoods@orrick.com and jgracey@orrick.com

Course:
Format:
Instructor(s):
Date and Time:
Location:

1. **Did this program meet your educational objectives?*** *(Rating)*
   Please rate on a scale of 1 to 5 (5 being the highest, best or most; 1 being the least, lowest or worst).
   ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

2. **Did the environment have a positive influence on your learning experience?*** *(Rating)*
   Please rate on a scale of 1 to 5 (5 being the highest, best or most; 1 being the least, lowest or worst).
   ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

3. **Were you provided with substantive written materials?*** *(Rating)*
   Please rate on a scale of 1 to 5 (5 being the highest, best or most; 1 being the least, lowest or worst).
   ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

4. **Did the course update or keep you informed of your legal responsibilities?*** *(Rating)*
   Please rate on a scale of 1 to 5 (5 being the highest, best or most; 1 being the least, lowest or worst).
   ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

5. **Did the activity contain significant current professional content?*** *(Rating)*
   Please rate on a scale of 1 to 5 (5 being the highest, best or most; 1 being the least, lowest or worst).
   ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

6. **Please rate the faculty** * *(Rating, Instructor)*
   Overall teaching effectiveness

   Instructor:
   ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

7. **Please rate the faculty** * *(Rating, Instructor)*
   Effectiveness of teaching methods

   Instructor:
   ○ 5 ○ 4 ○ 3 ○ 2 ○ 1

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Course:
Date and Time:
Location:

8. Please rate the faculty * *(Rating, Instructor)*

Significant current knowledge of subject

Instructor:

○ 5 ○ 4 ○ 3 ○ 2 ○ 1

9. Name of Participant (optional): *(Fill in the blank)*

. _____

Additional Comments:

* Required Question

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