



## CALIFORNIA MCLE SELF-STUDY CERTIFICATE

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Provider Orrick, Herrington & Sutcliffe

Attorney Name \_\_\_\_\_

California Bar Number \_\_\_\_\_

Title of Program COVID-19 Briefing & Conversation - Best Practices and Recommendations for Employment Matters Pertaining to COVID-19

Date of Activity \_\_\_\_\_

FORMAT: ONLINE

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Total Hours 1.0

Specific Application of Hours:

Legal Ethics \_\_\_\_\_

Competence (substance abuse) \_\_\_\_\_

Elimination of Bias \_\_\_\_\_

General 1.0

**KEEP FOR YOUR RECORDS**

\*Evaluation not required.



**California MCLE Activity Evaluation Form - please return to [mwoods@orrick.com](mailto:mwoods@orrick.com) and [jgracey@orrick.com](mailto:jgracey@orrick.com)**

<b>Course:</b> COVID-19 Briefing & Conversation - Best Practices and Recommendations for Employment Matters Pertaining to COVID-19	<b>Date:</b> 04/23/2020
<b>Format:</b> Webconference	<b>Time:</b> 8:00-9:00AM PDT
<b>Instructor(s):</b> Connell, Erin M. Delikat, Michael Riechert, Julia C. Sussman, Heather Yavorsky, Shannon	<b>Location:</b>
<b>CA CLE</b> 1 General <b>Credits:</b>	
<b>NY CLE</b> 1 PP <b>Credits:</b>	
<b>TX CLE</b> 1 Accredited General <b>Credits:</b>	
<b>WA CLE</b> 1 Law and Legal Procedure <b>Credits:</b>	

- 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



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**Date:** 04/23/2020

**Time:** 8:00-9:00AM PDT

**Location:**

**6. Please rate the faculty** \* (Rating, Instructor)

Overall teaching effectiveness

**Instructor:** Connell, Erin M.

5  4  3  2  1

**Instructor:** Delikat, Michael

5  4  3  2  1

**Instructor:** Riechert, Julia C.

5  4  3  2  1

**Instructor:** Sussman, Heather

5  4  3  2  1

**Instructor:** Yavorsky, Shannon

5  4  3  2  1

**7. Please rate the faculty** \* (Rating, Instructor)

Effectiveness of teaching methods

**Instructor:** Connell, Erin M.

5  4  3  2  1

**Instructor:** Delikat, Michael

5  4  3  2  1

**Instructor:** Riechert, Julia C.

5  4  3  2  1

**Instructor:** Sussman, Heather

5  4  3  2  1

**Instructor:** Yavorsky, Shannon

5  4  3  2  1



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**Location:**

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

Significant current knowledge of subject

**Instructor:** Connell, Erin M.

5  4  3  2  1

**Instructor:** Delikat, Michael

5  4  3  2  1

**Instructor:** Riechert, Julia C.

5  4  3  2  1

**Instructor:** Sussman, Heather

5  4  3  2  1

**Instructor:** Yavorsky, Shannon

5  4  3  2  1

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

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Additional Comments:

\* Required Question