



CALIFORNIA MCLE SELF-STUDY CERTIFICATE

Provider Orrick, Herrington & Sutcliffe

Attorney Name _____

California Bar Number _____

Title of Program COVID-19 Briefing & Conversation - Governmental Stimulus, Families First Coronavirus Response Act, Contractual

Date of Activity _____

FORMAT: ONLINE

Total Hours 1.0

Specific Application of Hours:

Legal Ethics _____

Competence (substance abuse) _____

Elimination of Bias _____

General 1.0

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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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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