

KATTEN MUCHIN ROSENMAN LLP

**ATTORNEY AFFIRMATION
CLE CREDIT FOR NONTRADITIONAL FORMAT COURSE**

I, _____, acknowledge receipt of the course materials for:
(attorney name – PLEASE PRINT)

Healthcare Investments Under the Obama Administration
(course title)

I certify that I have listened to and/or viewed the above course in its entirety. Therefore, I request that I be awarded the applicable number of California, Illinois and/or New York CLE credits for this course.

CLE Credit: Please check which state you would like to receive credit in and supply your bar number below:

CA
Bar # _____

IL
Bar # _____

NY
Bar # N/A

Format : Check One
 Teleconference
 Videoconference
 Web Conference
 Video Tape
 DVD
 *Audio File (from website)
 *Video File (from website)

*DATE COMPLETED _____

COURSE CODE: _____

During the course or program you will see and/or hear a CLE code. Please enter the code in the above field. If you do not include the code, you will not be awarded CLE credit. If there are multiple codes (for example, a separate code for each segment of a program) please enter here:

Code #2 _____ Code #3 _____
Code #4 _____ Code #5 _____

Rosanne Vinci, Professional Development Coordinator

Signature of Attorney

Email Address: _____

Date : _____

(New York attorneys earn CLE credit as of the date they complete a CLE course)

- To obtain CLE credit, please fill out this form COMPLETELY and send it Adrienne Schroder via email at adrienne.schroder@kattenlaw.com or fax 312-577-4768. If you have follow-up questions about the program, please email cle@kattenlaw.com.
- New York attorneys should retain a copy of this affirmation along with their New York CLE Certificate of Attendance.
- Experienced New York attorneys (attorneys who have been admitted to the New York Bar for more than two years) may earn CLE credit through nontraditional formats. Generally, newly admitted attorneys may not earn CLE credit through nontraditional formats.
- Please note that in New York, one hour of CLE credit consists of at least 50 minutes of instruction. Credit hours must be calculated in no less than 25-minute (.5-hour) increments.

ACTIVITY EVALUATION FORM FOR CLE

Provider: **Katten Muchin Rosenman LLP**

Provider Number: **1112**

Provider Phone Number: **312-902-5200**

Provider Address: **525 W. Monroe Street Chicago, IL 60661**

Title of Activity: **Healthcare Investments Under the Obama Administration**

Date(s) of Activity: **6/2/09**

Time of Activity: **8:30 a.m.**

Location of Activity: **Chicago, IL**

Course Format: **Live/Recorded**

CLE Credits: **1.5**

Category: **General – IL/CA
Professional Practice - NY**

Instructor Name (Attorney Y/N): **Brian Richards (y), Ryan Daniels (n), Laura Martin (y), Ken O’Keefe (y)**

No Fee Charged: **No**

Directions: Please circle the appropriate response to indicate your evaluation of this course.

1. Did this program meet your educational objectives? YES NO

Comments: _____

2. Did the environment have a positive influence on your learning experience? YES NO

Comments: _____

3. Did the technology enhance your learning experience? YES NO

Comments: _____

3. Were you provided with substantive written materials? YES NO

Comments: _____

4. Did the course update or keep you informed of your legal responsibilities? YES NO

Comments: _____

5. Did the activity contain significant current professional content? YES NO

Comments: _____

Please rate the faculty on a scale of 1 to 5 (1 being the lowest; 5 being the highest):

Instructor's Name: _____ 5 4 3 2 1

Subject/Topic: _____

Comments: _____

Instructor's Name: _____ 5 4 3 2 1

Subject/Topic: _____

Comments: _____

Instructor's Name: _____ 5 4 3 2 1

Subject/Topic: _____

Comments: _____

Name of Participant: _____
(optional) First Last