

**Attendance Verification Form**

**(CLE)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge receipt of the course materials for:

 (participant name)

OSHA & COVID-19: What Should Employers Know and Do?

(Course Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date of completion)

I certify that I have participated in the above course in its entirety. Therefore, I request that I be

awarded the applicable number of \_\_\_\_\_ CLE credits for this course.

**The verification code announced during the Webinar is:**

**Code 1: \_\_\_\_\_\_\_\_\_\_\_**

I am seeking **CLE** credit in *(state)*\_\_\_\_\_\_\_\_\_\_\_\_, in the amount of \_\_\_\_\_\_\_\_\_ credits.

**CLE** credit for this program has been awarded in the following states **CA**, **IL, TX** – .50; **NY** – .50 (Areas of Professional Practice); **RI** – (pending).

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**Print Name Bar Number**

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**Signature of Participant**

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**E-mail Address**

To obtain CLE credit, please complete and sign this form and then submit it to Debbie S. Bain by email at dbain@lockelord.com or fax at 213-341-6740.

In IL, TX and RI your CLE credit will be reported to the State Bars and your Certificate of Attendance will be emailed to you.