



## CALIFORNIA MCLE SELF-STUDY CERTIFICATE

---

Provider Orrick, Herrington & Sutcliffe

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

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

Title of Program: Where From Here: Navigating Unprecedented Sanctions

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

FORMAT: VIDEO FILE

---

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

# Orrick, Herrington & Sutcliffe LLP

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

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

Generated by

