



CREDIT REQUEST FORM

If you wish to receive **CLE credit**, this form, along with a completed program evaluation, **must be completed** and **returned** to Blank Rome’s CLE Department at cleforms@blankrome.com within **5 business days** of the date of this program.

Course Title: Tips for Defending against Litigation without Jeopardizing Insurance Coverage

Date: 12/8/2021

Name: _____

Email: _____

Substantive Hours: 1.0 **Ethics Hours:** _____ **Total CLE Credit Hours Requested:** _____

State(s) where you’d like Credits: CA CT NJ NY HRCI

Please include bar number if requesting credit in DE, FL, IL, OH, PA, TX and VA.

DE/DE Bar# _____ FL/FL Bar# _____ IL/IL Bar # _____
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Please enter the two codes that were provided during the presentation:

CODE #1 _____ CODE #2 _____