

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: Employment Year in Review

Date: 12/6/2022

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 WI

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 # _____
 OH/OH Bar # _____ PA/PA Bar # _____ TX/TX Bar _____
 VA/VA Bar # _____

Please enter the two codes that were provided during the presentation:

CODE #1 _____ CODE #2 _____