

**ATTORNEY AFFIRMATION
NEW YORK CLE FOR NONTRADITIONAL FORMAT COURSE**

I, _____, acknowledge receipt of the course materials for:

Special Education School Law Ethics Considerations: Who is your client?

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 New York CLE credits for this course.

Format (check one)

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| <input type="checkbox"/> Teleconference | <input type="checkbox"/> CD-ROM |
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- Please describe

Course Code: _____

During the course or program you will see and/or here a CLE code. Please enter the code in the above field. If you do not include the code, you will not be awarded New York 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: _____