

 **SELF-STUDY CERTIFICATE**

**Title of Program:

Name of Presenter(s):**

 **Date Video Viewed:

Video Duration:**

 **Type of Program: Self-Study

Location:** [**www.swlearninghub.com**](http://www.swlearninghub.com)

**◆ Do not return this Certificate to Snell & Wilmer ◆**

To be completed by the attorney **after** participation in the above-named activity:

By signing below, I certify I have watched the program recording described above and believe the program may qualify for hours towards my annual CLE requirement for the following state(s): \_\_\_\_\_\_\_\_\_\_\_.

Print Name Bar Number

Signature Date

 **◆ Keep this Certificate for Your CLE File ◆**