

**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 ◆**