

BUCKS COUNTY BAR ASSOCIATION
MCLE RECORD OF ATTENDANCE
(please print all information)

DATE: ____ / ____ / ____ CREDITS: ETHICS ____ SUBSTANTIVE ____

COURSE TITLE: _____

NAME: _____

ATTY. ID #: _____ COMPLIANCE GROUP

1-April 2-August 3-December

ADDRESS: _____

PHONE: _____ Email: _____

BCBA MEMBER? YES ____ NO ____

WOULD YOU LIKE MEMBERSHIP INFORMATION SENT TO YOU? YES ____ NO ____

COURSE EVALUATION - please circle one in each category

OVERALL QUALITY:

WRITTEN MATERIALS:

Excellent Very Good Good Fair Poor Excellent Very Good Good Fair Poor

INSTRUCTOR(S)

FACILITY:

Excellent Very Good Good Fair Poor Excellent Very Good Good Fair Poor

COMMENTS: _____

SIGNATURE: _____

Thank you! Please return this top form to
the MCLE COORDINATOR. Keep bottom
form for your records.