

CLE^{reg} Uniform Application for Approval of Continuing Legal Education

APPLICATION TO THE STATE OF:					MCLE STATE NOTIFICATION OF ACCREDITATION				
1	SPONSORING ORGANIZATION INFORMATION				To be completed by the MCLE State regulatory agency and returned to applicant. Course Number: _____ Date: _____ The following action has been taken on this application: <input type="checkbox"/> APPROVED for a total of _____ CLE credits Including _____ Ethics Credits Other Credit Breakdown: _____ (if applicable) <input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.) <input type="checkbox"/> RETURNED for the request of additional information. Please complete each item on the form as indicated by the numbers circled below. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 <input type="checkbox"/> OTHER Regulator Comments:				
NAME									
ADDRESS									
STREET									
CITY	STATE	ZIP							
TELEPHONE	FAX	EMAIL							
2	TITLE OF EDUCATIONAL ACTIVITY								
3	DATE(S)	LOCATION(S)							
4	REGISTRATION FEE:								
5	WRITING SURFACE AVAILABLE: <input type="checkbox"/> Yes <input type="checkbox"/> No								
6	METHODS OF PRESENTATION:								
<input type="checkbox"/> Faculty in Room with Participants <input type="checkbox"/> Telephone to Broadcast Site <input type="checkbox"/> Live Web Cast <input type="checkbox"/> Interactive Video <input type="checkbox"/> Satellite <input type="checkbox"/> Other: <input type="checkbox"/> Audio Presentation <input type="checkbox"/> Videotape Presentation <input type="checkbox"/> Internet On-Demand (Interactive) <input type="checkbox"/> Discussion Leader present									
7	TYPE OF LAW CODE(S): (Available for review: https://www.clerg.org/resources/law-classifications)								
1. _____ Additional Codes Optional: 2 _____ 3. _____ 4. _____									
DEGREE OF DIFFICULTY: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> All Levels									
8	ADVERTISED TO: <input type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input type="checkbox"/> Others (Specify/Indicate %)								
9	LIST ANY ADMISSION RESTRICTIONS:								
10	IN-HOUSE ACTIVITY INFORMATION (See Local Rules for Applicability)								
Open/Publicized to Outside Lawyers <input type="checkbox"/> Yes <input type="checkbox"/> No									
Outsiders are _____ % of Faculty & Clients are _____ % of audience									
If not open, please specify reason:									
11	METHOD OF EVALUATION: <input type="checkbox"/> Participant Critique <input type="checkbox"/> Independent Evaluator <input type="checkbox"/> None <input type="checkbox"/> Other:								
12	MATERIALS DESCRIPTION								
Total Pages: _____ <input type="checkbox"/> Loose leaf <input type="checkbox"/> Bound <input type="checkbox"/> No materials supplied									
Distributed: <input type="checkbox"/> Before Program <input type="checkbox"/> At Program <input type="checkbox"/> Other:									
13	REQUIRED ATTACHMENTS TO THIS APPLICATION:				APPLICANT INFORMATION (please print)				
a. Time Schedule/Agenda (Brochure, Outline, Description)					Sponsor Representative				
b. Table of Contents					Name:				
c. Faculty Description					Title:				
d. Complete Set of Materials and Fees (Only in states where required)					Complete the following if filed by individual attorney:				
14	CREDITS REQUESTED:				Attorney Name:				
Indicate minutes of instruction not including breaks, meals or introductions:					Address:				
General/Substantive: _____					City: _____ State: _____ Zip: _____				
Ethics: _____					Contact Number:				
Substance Abuse: _____					Email:				
Other: _____									
Total: _____									
15	ACCREDITATION BY OTHER STATES:				SIGN HERE				
GRANTED:					Date: _____				
DENIED:									
16	SUBMITTED BY: <input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer								
Please Complete and sign Applicant Information →									