

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. | | | | |
| NAME | | | | | Course Number: _____ Date: _____ | | | | |
| ADDRESS | | | | | The following action has been taken on this application: | | | | |
| STREET | | | | | <input type="checkbox"/> APPROVED for a total of _____ CLE credits Including _____ Ethics Credits | | | | |
| CITY | | STATE | | ZIP | | Other Credit Breakdown: _____ (if applicable) | | | |
| TELEPHONE | | FAX | | <input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.) | | | | | |
| 2 TITLE OF EDUCATIONAL ACTIVITY | | | | | <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 | | | | |
| 3 DATE(S) | | LOCATION(S) | | | <input type="checkbox"/> OTHER Regulator Comments: | | | | |
| 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) | | | | | | | | | |
| 14 CREDITS REQUESTED: | | | | | Complete the following if filed by individual attorney: | | | | |
| Indicate minutes of instruction not including breaks, meals or introductions: | | | | | Attorney Name: | | | | |
| General/Substantive: _____ | | | | | Address: | | | | |
| Ethics: _____ | | | | | City: _____ State: _____ Zip: _____ | | | | |
| Substance Abuse: _____ | | | | | Contact Number: | | | | |
| Other: _____ | | | | | Email: | | | | |
| Total: _____ | | | | | | | | | |
| 15 ACCREDITATION BY OTHER STATES: | | | | | | | | | |
| GRANTED: | | | | | | | | | |
| DENIED: | | | | | | | | | |
| 16 SUBMITTED BY: <input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer | | | | | SIGN HERE | | | | |
| Please Complete and sign Applicant Information → | | | | | Date: | | | | |