

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 National Association of Unemployment Insurance Appeals Professionals					Course Number: _____ Date: _____				
ADDRESS					The following action has been taken on this application:				
STREET NAUIAP 9 Dorchester Drive		CITY Annapolis			STATE MD		ZIP 21403		<input type="checkbox"/> APPROVED for a total of _____ CLE credits Including _____ Ethics Credits
TELEPHONE 512-936-3633		FAX		EMAIL Melissa.Butler@twc.texas.gov					<input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.)
2 TITLE OF EDUCATIONAL ACTIVITY NAUIAP Training Conference					<input type="checkbox"/> RETURNED for the request of additional information. Please complete each item on the form as indicated by the numbers circled below.				
3 DATE(S) June 24, 2024-June 28, 2024					LOCATION(S) Providence, Rhode Island				
4 REGISTRATION FEE: \$595.00					1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16				
5 WRITING SURFACE AVAILABLE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> OTHER Regulator Comments:				
6 METHODS OF PRESENTATION:									
<input checked="" 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. Unemployment		Additional Codes Optional: 2		3.		4.			
DEGREE OF DIFFICULTY: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> All Levels									
8 ADVERTISED TO: <input checked="" type="checkbox"/> Lawyers <input type="checkbox"/> Clients <input checked="" type="checkbox"/> Others (Specify/Indicate %) ALJs									
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 checked="" 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 checked="" type="checkbox"/> Other: Available on App and Website	
13 REQUIRED ATTACHMENTS TO THIS APPLICATION:					APPLICANT IN FORMATION (please print)				
a. Time Schedule/Agenda (Brochure, Outline, Description)					Sponsor Representative				
b. Table of Contents					Name: Melissa Butler				
c. Faculty Description					Title: 2024 CLE Coordinator				
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: <u>870</u>					Address:				
Ethics: <u>180</u>					City: _____ State: _____ Zip: _____				
Substance Abuse: _____					Contact Number:				
Other: _____					Email:				
Total: <u>1050</u>									
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: _____				