

APPLICATION TO THE STATE OF:		MCLE STATE NOTIFICATION OF ACCREDITATION																				
1 SPONSORING ORGANIZATION INFORMATION NAME ADDRESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">CITY</td> <td style="width: 40%; border: none;"></td> <td style="width: 10%; border: none;">STATE</td> <td style="width: 10%; border: none;"></td> <td style="width: 15%; border: none;">ZIP</td> <td style="width: 10%; border: none;"></td> </tr> <tr> <td style="border: none;">TELEPHONE</td> <td style="border: none;">FAX</td> <td colspan="4" style="border: none;">EMAIL</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td colspan="4" style="border: none;"></td> </tr> </table>		CITY		STATE		ZIP		TELEPHONE	FAX	EMAIL										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:		
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"/> Interactive Video <input type="checkbox"/> Audio Presentation <input type="checkbox"/> Internet On-Demand (Interactive)		<input type="checkbox"/> Telephone to Broadcast Site <input type="checkbox"/> Satellite <input type="checkbox"/> Videotape Presentation <input type="checkbox"/> Discussion Leader present																				
7 TYPE OF LAW CODE(S): (Available for review: https://www.clereg.org/lawClassifications.asp)																						
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 ATTACHEMENTS TO THIS APPLICATION:		APPLICANT INFORMATION (please print)																				
a. Time Schedule/Agenda (Brochure, Outline, Description) b. Table of Contents c. Faculty Description d. Complete Set of Materials and Fees (Only in states where required)		Sponsor Representative Name: Title:																				
14 CREDITS REQUESTED:		Complete the following if filed by individual attorney:																				
Indicate minutes of instruction not including breaks, meals or introductions: General/Substantive: _____ Ethics: _____ Substance Abuse: _____ Other: _____ Total: _____		Attorney Name: Address: City: _____ State: _____ Zip: _____ Contact Number: Email:																				
15 ACCREDITATION BY OTHER STATES:																						
GRANTED: DENIED:																						
16 SUBMITTED BY: <input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer		SIGN HERE _____ Date: _____																				
Please Complete and sign Applicant Information →																						