

# MCLE FORM 2: Group CLE Activity Accreditation Application

**Instructions:**

Pursuant to MCLE Rule 4.3, sponsors of Group CLE Activities must apply for accreditation no later than 30 days after the completion of the CLE activity.

Individual bar members may also apply on their own behalf for accreditation of a Group CLE Activity by using this form. No fee is required.

The sponsor fee is \$40 for a program of 4 or fewer hours and \$75 for a program of more than 4 hours. The sponsor fee for a series of programs not exceeding 3 hours in 3 consecutive months is \$40. A sponsor fee is required for each repeat (live or electronic) of the programs. (See MCLE Rule 4.3(c).)

Name and address of person or organization applying (Please print. This will be mailing label):		Applying As (check one): <input type="checkbox"/> Sponsor <input type="checkbox"/> Individual Member  Bar # _____
Phone: _____		Contact Person (Sponsors only): _____
Title of CLE Activity: _____		
Name of CLE Sponsor (if not the applicant): _____	Phone: _____	
Date(s) and Location(s) of CLE Activity Date(s) _____ Location(s) (city/state) _____	Number of credits requested: General _____ Practical Skills _____ Prof. Resp.: Ethics _____ Child Abuse Rep _____ A/J _____ TOTAL _____	
Delivery method(s): <input type="checkbox"/> faculty in room with participants; <input type="checkbox"/> telephone to broadcast site; <input type="checkbox"/> interactive video; <input type="checkbox"/> satellite <input type="checkbox"/> audiotape presentation; <input type="checkbox"/> videotape presentation; <input type="checkbox"/> interactive computer/internet; <input type="checkbox"/> discussion leader present		
Is this a replay? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please identify program producer: _____		
Will this program include the use of written materials? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain) Total pages: _____	List any attendance restrictions [See MCLE Rule 5.1(f)] _____	
Describe sponsor's experience in providing CLE activities (for non-OSB accredited sponsors): _____		
<b>This application will not be processed unless the following are enclosed:</b> <input checked="" type="checkbox"/> Copy of the program agenda showing timelines <input checked="" type="checkbox"/> Biographical information on the program faculty <input checked="" type="checkbox"/> Copy or sample (15-20 pages) of program's written materials - include ethics portion if applicable <input checked="" type="checkbox"/> Sponsor Fee		
Sponsor/Member Signature: _____	Date: _____	

**This form will be processed within 30 days of receipt in the MCLE Department.**

OSB MCLE Office Use Only			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Fee Paid: _____	MCLE Credits: _____	General: _____
MCLE Dept.: _____	Reciprocity? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethics: _____	
Date: _____	Program No.: _____	A/J: _____	
		General or Practical Skills: _____	
		Total: _____	

**Make a copy of this form for your records and mail the original to:**  
 Oregon State Bar MCLE, 16037 SW Upper Boones Ferry Rd., PO Box 231935, Tigard, OR 97281-1935

(503) 620-0222 X368 or 1-800-452-8260 X368