

WV SPONSOR APPLICATION FOR ACCREDITATION OF MCLE

1. Sponsoring Organization (Name, Mailing Address):

Name: _____

Address: _____

Phone: _____ Fax: _____

2. Title of Educational Activity: _____

3. Date(s) and Location (s):

4. Registration Fee: _____

5. Writing Surface Available: _____

6. Delivery Method(s):

- faculty in room with participants telephone to broadcast site interactive video
 satellite audiotape presentation videotape presentation
 interactive computer over internet discussion leader present

7. Advertised to: Lawyers; Clients; Others (specify, list %):

8. List any admission restrictions:

9. "In-house activity" requirement (see local rules to determine applicability):

- open/publicized to outside lawyers outsiders are _____ % of faculty
 clients are _____ % of audience

c10. Method of evaluation: participant critique; independent evaluator; none; other

11. Description of materials to be distributed:

Please indicate total number of pages for written materials []

- Looseleaf Bound
 Distributed Before Distributed At Other
 Program Program

12. Required Attachments to this application:

- a. time schedule (brochure, outline, course description)
- b. table of contents or equivalent
- c. faculty name(s) and credentials (if not in brochure or description)
- d. \$30 fee for each application (payable to the WV State Bar)

13. Total **MINUTES** of instruction, not including breaks, meals, or introductions/closing remarks:

GENERAL (non-ethics): _____
 Ethics (minutes): _____
 Substance Abuse (minutes): _____
 Office Management (minutes): _____
 Elimination of Bias (minutes): _____
 TOTAL MINUTES: _____

14. Approval by other states:

Granted by: _____
 Denied by: _____

15. Submitted by employee of sponsor/provider; individual lawyer

SPONSOR OBLIGATIONS: Sponsor acknowledges and agrees to comply with all local rules and regulations attached.

Sponsor Representative: _____
 Signature: _____
 Title: _____
 Date: _____

STATE ACCREDITATION OFFICE DECISION (To be completed by the state accreditation office and returned to applicant)

RETURNED for more information. Please complete each item on the form indicated by the number(s) indicated:

APPROVED for _____ **MCLE credits, including** _____ **Ethics/Office Mgmt/Substance Abuse/Elimination of Bias**

DENIED Reference:

SEE ATTACHED MATERIALS

DATE: _____ **CLE Staff:** _____

The West Virginia State Bar

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