



**Commission on
Continuing
Legal
Education**

of the Supreme Court of Delaware
The Renaissance Centre
405 N. King Street, Suite 420
Wilmington, Delaware • 19801
302-651-3941 • <http://courts.delaware.gov/cle>

Form 8-A

**Application for Credit for Participation as
a Program Moderator in the
Presentation of an Accredited Course**

to be completed by a moderator of a CLE program or panel
seeking CLE credit

1. Attorney's Name: _____ Supreme Court ID # _____

Address: _____

Telephone: _____ Date: _____

Email: _____

2. For the continuing legal education activity in which the attorney participated, provide:

a) Name of sponsor and activity

b) Date of activity

c) City & State of activity

Commission use only

3. **Attach** a copy of the program agenda.

4. State the exact **total** number of minutes moderated by applicant, including Enhanced Ethics. _____

5. State the exact total number of minutes moderated by applicant in Enhanced Ethics **only**. _____

6. I certify that neither I nor anyone assisting me received any fees or compensation, except for reimbursement of expenses, for participation in the program. _____(Initial)

7. **Teaching.** Credit approved by the Commission is for moderating time indicated in item number 4 only. If applicant is also seeking credit for **teaching** additional portions of the seminar, please attach a completed copy of Form 8.

8. **Attendance.** Credit approved by the Commission is for moderating time indicated in item number 4 only. If applicant is also seeking attendance credit for attending **remaining** portions of the seminar which the applicant did not moderate, please indicate the number of credit hours sought: _____, including _____ in Enhanced Ethics. *If item 8 is not properly completed, the applicant will not be credited with additional attendance credits on the Transcript.*

- If program **was not** previously approved by the Commission, Form 4 must also be completed and attached hereto in order for applicant to receive attendance credit.

- If program **was** previously approved by the Commission, please verify that applicant signed in and out of program as required by provider. _____(Initial)