**APPLICATION TO THE STATE OF:**

**SPONSORING ORGANIZATION INFORMATION**

- **NAME:**
- **ADDRESS:**
  - **CITY**:  
  - **STATE**:  
  - **ZIP**:  
  - **TELEPHONE**:  
  - **FAX**:  
  - **EMAIL**

**DATE(S) LOCATIONS(S)**

**REGISTRATION FEE:**

- **WRITING SURFACE AVAILABLE:**
  - Yes
  - No

**METHODS OF PRESENTATION**

- Faculty in Room with Participants
- Interactive Video
- Audio Presentation
- Internet On-Demand (Interactive)
- Telephone to Broadcast Site
- Satellite
- Videotape Presentation
- Live Web Cast
- Other: 

**TYPE OF LAW CODE(S):** (Available for review: [https://www.clereg.org/lawClassifications.asp](https://www.clereg.org/lawClassifications.asp))

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**DEGREE OF DIFFICULTY:**

- Beginner
- Intermediate
- Advanced
- All Levels

**ADVERTISED TO:**

- Lawyers
- Clients
- Others (Specify/Indicate %)

**LIST ANY ADMISSION RESTRICTIONS:**

**IN-HOUSE ACTIVITY INFORMATION** (See Local Rules for Applicability)

- Open/Publicized to Outside Lawyers
  - Yes
  - No
- Outsiders are ___% of Faculty & Clients are ___% of audience
- If not open, please specify reason:

**METHOD OF EVALUATION:**

- Participant Critique
- Independent Evaluator
- None
- Other:

**MATERIALS DESCRIPTION**

- Total Pages: ___
- Loose leaf
- Bound
- No materials supplied
- Distributed: ___
  - Before Program
  - At Program
  - Other

**REQUIRED ATTACHMENTS TO THIS APPLICATION:**

- Time Schedule/Agenda (Brochure, Outline, Description)
- Table of Contents
- Faculty Description
- Complete Set of Materials and Fees (Only in states where required)

**APPLICANT INFORMATION** (please print)

- Sponsor Representative
  - Name:
  - Title:

**CREDITS REQUESTED:**

- Indicate minutes of instruction not including breaks, meals or introductions:
  - General/Substantive:
  - Ethics:
  - Substance Abuse:
  - Other:
  - Total:

**ACCREDITATION BY OTHER STATES**

- GRANTED
- DENIED

**SUBMITTED BY:**

- Course Sponsor
- Individual Lawyer

**Please Complete and sign Applicant Information →**