



Uniform Application for Approval of Continuing Legal Education

| | | | |
|--|--|--|--|
| APPLICATION TO THE STATE OF: | | MCLE STATE NOTIFICATION OF ACCREDITATION | |
| 1 | SPONSORING ORGANIZATION INFORMATION | 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: | |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | |
| TELEPHONE | | ZIP | |
| 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) | | Sponsor Representative | |
| b. Table of Contents | | Name: | |
| c. Faculty Description | | Title: | |
| d. Complete Set of Materials and Fees (Only in states where required) | | Complete the following if filed by individual attorney: | |
| 14 CREDITS REQUESTED: | | Attorney Name: | |
| Indicate minutes of instruction not including breaks, meals or introductions: | | Address: | |
| General/Substantive: _____ | | City: _____ State: _____ Zip: _____ | |
| Ethics: _____ | | Contact Number: _____ | |
| Substance Abuse: _____ | | Email: _____ | |
| Other: _____ | | | |
| Total: _____ | | | |
| 15 ACCREDITATION BY OTHER STATES: | | | |
| GRANTED: | | | |
| DENIED: | | | |
| 16 SUBMITTED BY: <input type="checkbox"/> Course Sponsor <input type="checkbox"/> Individual Lawyer | | SIGN HERE | |
| Please Complete and sign Applicant Information → | | Date: _____ | |