

CLE_{reg} 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.				
NAME					Course Number: _____ Date: _____				
ADDRESS					The following action has been taken on this application:				
STREET					<input type="checkbox"/> APPROVED for a total of _____ CLE credits Including _____ Ethics Credits				
CITY		STATE		ZIP		Other Credit Breakdown: _____ (if applicable)			
TELEPHONE		FAX		<input type="checkbox"/> NOT APPROVED (See comments below or additional information attached.)					
2 TITLE OF EDUCATIONAL ACTIVITY					<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				
3 DATE(S)		LOCATION(S)			<input type="checkbox"/> OTHER Regulator Comments:				
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"/> Telephone to Broadcast Site			<input type="checkbox"/> Live Web Cast				
<input type="checkbox"/> Interactive Video		<input type="checkbox"/> Satellite			<input type="checkbox"/> Other:				
<input type="checkbox"/> Audio Presentation		<input type="checkbox"/> Videotape Presentation							
<input type="checkbox"/> Internet On-Demand (Interactive)		<input type="checkbox"/> Discussion Leader present							
7 TYPE OF LAW CODE(S): (Available for review: https://www.clerg.org/resources/law-classifications)									
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 ATTACHMENTS 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:				